Read this Call for Proposals Carefully!

NEW

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I. INTRODUCTION

The TriService Nursing Research Program (TSNRP) Call for Proposals introduces the Program, announces the availability of grant funds for FY 2007, and provides application guidelines for these funds. An electronic version of this document can be accessed online through **http://www.usuhs.mil/tsnrp.**

This Call for Proposals introduces TSNRP's NEW funding priorities. Please refer to Section III.

This Call for Proposals contains information about deadlines. Military nurses considering application for TSNRP funding should become familiar with each section of this Call for Proposals. Applicants should be mindful of requirements pertinent to the award for which they are applying and their military status.

All forms needed to apply for TSNRP funding can be accessed online through **http://www.usuhs.mil/tsnrp/forms**. Appendix C contains a table showing the forms needed for each type of award application, and sample forms. Applicants should use only the most current application forms.

As the granting authority for the TSNRP's congressionally appropriated funds, the Uniformed Services University of the Health Sciences (USUHS) can award grants only to organizations outside the Federal sector. **USUHS's granting authority is limited to non-profit organizations and academic institutions**. Investigators can submit applications through a non-Federal **non-profit** or **academic** applicant (Grantee) organization of their choice. Appendix B contains information on non-profit organizations frequently used by military personnel.

Department of Defense and federal government regulations govern research funded by TSNRP. Please refer to section IX. Additional Information. Terms and conditions of TSNRP awards are located in Appendices G and H. TSNRP provides education about investigator responsibilities in the **Post-Award Workshop. All successful candidates are required to attend this Workshop,** which is usually held in August of the funding year. If you have been awarded funding and have not attended this workshop, contact TSNRP.

Please contact the TSNRP office with questions, or for additional information:

TriService Nursing Research Program
Uniformed Services University
4301 Jones Bridge Road
Bethesda, MD 20814
Phone: 301-295-7077
Fax: 301-295-7052
E-mail: tsnrp@usuhs.mil

II. BACKGROUND

The TriService Nursing Research Program's mission is to provide resources for the conduct and use of research to foster excellence in military nursing care. Since its inception through congressionally appropriated funding in 1992, the TSNRP has evolved through the earnest endeavor of military nurses. Military nurse investigators have increasingly invested their time and expertise in this program. The program's success is evidenced by the positive outcomes of research studies conducted to improve the health of service members and their beneficiaries. More than 280 research studies in basic and applied science have been funded since 1992. General topics that have been investigated with TSNRP funding include: military readiness and deployment, skill sustainment, evacuation and transportation, nursing care in unique military environments, military nursing histories, health promotion and disease prevention, men's and women's health issues, managed care environments, case management, nurse-run clinics, telehealth, and econometrics. Abstracts for all TSNRP-funded studies are available online at *www.usuhs.mil/tsnrp/forms/*. TSNRP's award history is described in Appendix A.

Military nursing's unique perspective for the care of its beneficiaries requires not only scientific investigational activities but also rapid dissemination and use of study results. Dissemination of findings to nurses in a global setting is a particular challenge that has been met by this program. Results of TSNRP studies have been reported in nursing and other professional journals, including: *American Journal of Critical Care, Cancer Nursing, Clinical Nursing Research, Journal of Interferon and Cytokine Research, Journal of Nursing Administration, Journal of Nursing Measures, Military Medicine, Nursing Science Quarterly,* and *Western Journal of Nursing Research.* Findings from TSNRP-funded grants have been presented at military, regional, national, and international conferences, including those of the following organizations: Aerospace Medical Association, American Association of Critical Care Nursing, American Association of Nurse Practitioners, American College of Preventive Medicine, Association of Military Surgeons of the United States, Midwest Nursing Research Society, Phyllis J. Verhonick Army Research Conference, State of the Science Congresses, Sigma Theta Tau International, Southern Nursing Research Society, U.S. Army Nurse Corps, the Western Institute of Nursing, and the American Academy of Nurse Practitioners.

TSNRP works with schools of nursing at universities and colleges across the country because the military and non-military nurse faculty researchers offer research and content expertise that is invaluable to our researchers. Reserve and retired military nurse researcher faculty members offer unique military perspectives in addition to research expertise. These affiliations foster collaboration between nurse researchers and help to sustain the cadre of military nurse researchers. TSNRP continues to forge partnerships with other research institutions and organizations, both military and civilian, to maximize the success of the program.

TSNRP is pursuing an aggressive research agenda focusing on topics most relevant to military nursing practice and in alignment with the Services' strategic goals. It is imperative that the research conducted today has application for military beneficiaries tomorrow.

III. RESEARCH PRIORITIES

The TriService Nursing Research Program's (TSNRP) 2-day Strategic Refinement Conference took place December 8–9, 2005, at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. Participants included the Nurse Corps Chiefs: MG Gale S. Pollock, Army Nurse Corps; RDML Christine Bruzek-Kohler, Navy Nurse Corps; and Maj Gen Melissa A. Rank, Air Force Nurse Corps. Other participants were CDR Kelley, Executive Director of TSNRP; the TSNRP Advisory Council, which represents each of the three services; and experts in different aspects of nursing research and nursing research policy. The facilitator, CAPT Quindag-Raffels, guided the group's discussions. The Conference objectives were 1) to obtain participants' perspectives on current research issues, 2) to re-evaluate the research priorities of TSNRP in relation to current research issues, 3) to provide guidance for future areas of research, 4) to set criteria for research funding, and 5) to align available resources to support research requirements. The updated funding priorities and their definitions are:

• Military Deployment Health

A holistic examination of factors affecting the health care of operational personnel (e.g., war fighters, support personnel) and their families before, during, and after deployment.

This category may include:

- Care of deployed/non-deployed operational personnel.
- Health promotion.
- Health care related to disease, non-battle injuries, and battle injuries.
- Family support.

• Generating and Translating Knowledge/ Research Findings into Practice in a Military Context

This category includes nursing intervention studies related to military unique topics and patient outcomes.

- **Applying Research Findings to Practice in a Military Context**

  This is a sub-category of Generating and Translating Knowledge/Research Findings into Practice in a Military Context. This subcategory involves evaluation and testing of evidence-based practice within a military content. (See separate Evidence-Based Application Guidelines page 33.)

• Recruitment and Retention of the Military Nursing Work Force

Interventional studies to enhance recruitment and retention of the military nursing workforce across services.

• Developing and Sustaining Military Nursing Competencies

Description and evaluation of the military nursing competencies necessary to sustain a patient from point of injury and or other health event through the continuum of care.

Evaluation of educational interventions to enhance learning and retention of military nursing operational skill sets.

The TSNRP supports studies on relevant operational or deployment health topics and both quantitative and qualitative methodologies.

Applicants should familiarize themselves with the TSNRP's previously funded research. Details on these studies are available online at *http://www.usuhs.mil/tsnrp/funded/*.

IV. ELIGIBILITY AND AWARDS

A. WHO MAY APPLY

Military Nurses from the United States Army, Navy, and Air Force Active Duty, Reserve, and National Guard Nurse Corps Officers are eligible to apply for TSNRP funding. Retired Military Nurse Corps Officers are also eligible for TSNRP funding with some eligibility limitations and application requirements. *See award categories, page 6.*

Eligibility requirements specific for award categories and the experience and military status of the Principal Investigator (PI) are described on page 6 in the award categories.

TSNRP considers a new and/or junior investigator a *novice* investigator, that is, a master's-prepared nurse clinician or doctoral-prepared military nurse with limited experience in conducting a research study. TSNRP highly encourages new or junior investigators seeking research experience to apply for the Novice Investigator Award.

TSNRP promotes the mentoring of new and junior military nurse researchers as a way to achieve its goal of expanding the cadre of military nurse researchers. A **mentor** is an experienced nurse researcher who supports, guides, and assists a new or junior investigator. Applicants for Research Fellow Awards and Graduate Research Awards are required to have a **mentor.**

Retired Nurse Corps Officer Investigators may apply only if they are mentoring novice researchers. **See mentoring requirements for Retired Nurse Corps Officers in Section VII: Proposal Preparation, page 20.**

Active duty and Reserve graduate students are encouraged to apply for a Graduate Research Award to support their dissertations or theses. Applicants are required to provide written documentation that the applicant's dissertation or thesis committee has approved the proposal topic. This documentation must be generated by the applicant's committee chair and accompany the proposal application. **Doctoral students are allowed to apply for a Graduate Research Award only.**

B. Award Categories and Eligibility Requirements

The TSNRP offers eight funding categories: Novice Investigator Award; 1-, 2-, and 3-Year Awards; Pilot Project or Feasibility Award; Research Fellow Award; Evidence-based Practice Awards; and Graduate Research Award. TSNRP highly recommends pilot work to substantiate feasibility and instrument reliability before embarking on a large-scale study. The exact amount of funding awarded to an individual grant depends on the purpose and goals of the application, and the availability of funds. *See mentoring requirements for Retired Nurse Corps Officers in Section VII: Proposal Preparation, page 20.*

Applications for the first 6 award categories are accepted in November and March each fiscal year. Graduate awards are accepted continuously from 1 November through 30 March.	
Novice Investigator Award	**Purpose**: To provide military nurse clinicians with limited research experience support for a study that is modest in scope, or as a first phase of a larger project.
	Award: Up to $100,000 in direct costs for support of a 12- to 18-month study.
	Eligibility: Master's- and doctorally prepared military nurse with limited experience in conducting a research study.
	Special Requirements: *Mentor required. Retired Nurse Corps Officer may not apply.*
1- and 2-Year Award	**Award:** Up to $450,000 total costs (direct plus indirect costs).
	Eligibility: All Active Duty, Reserve, National Guard, and Retired* Nurse Corps Officers with research experience.
3-Year Award	**Award:** Up to $500,000 total costs (direct plus indirect costs).
	Eligibility: All Active Duty, Reserve, National Guard, and Retired* Nurse Corps Officers with research experience.
Pilot Project or Feasibility Award	**Purpose**: To provide preliminary data for a future research project.
	Award: Up to $75,000 in total costs (direct & indirect costs) to support a 12- to 18-month study to provide preliminary data to support the development of future projects.
	Eligibility: All Active Duty, Reserve, National Guard, and Retired* Nurse Corps Officers.
Research Fellow Award	**Purpose:** To facilitate training of military nurses interested in research and expand the skills of experienced military nurse researchers.
	Award: Up to $150,000 in direct costs for support over a 12- to 18-month period to provide mentored experience to doctoral-prepared military nurses for the development of specific research-related skills.
	Eligibility: Experienced doctorally prepared Active Duty Nurse Corps Officers.
	Special Requirements: *Mentor required. Reserve and Retired Nurse Corps Officers may not apply.*
Evidence-Based Practice Award	**Purpose:** To support implementation and evaluation of evidence-based practice at the point of care delivery.
	Award: Up to $200,000 in total costs to support a minimum of one EBP protocol per award for a maximum of 36 months.
	Eligibility: Master's or doctorally prepared Active Duty Nurse Corps Officers stationed at military medical facilities who are actively mentored by a doctorally prepared Active Duty Military Evidence-Based Practice nursing expert.
Graduate Research Award Applications are accepted *1 Nov. 2006 through 30 Mar. 2007*	
Graduate Research Award	**Purpose:** To support a dissertation/thesis research project.
	Award: Up to $30,000 in direct costs to support a dissertation or thesis research.
	Eligibility: Active Duty and Reserve students pursuing a master's degree in nursing or a doctoral degree. Only one award fund per thesis or dissertation is permitted. Applicants are required to provide written documentation that the applicant's dissertation or thesis committee has approved the proposal topic. This documentation must be generated by the applicant's committee chair and accompany the proposal application.
	Special Requirements: *Mentor required. Retired Nurse Corps Officer may not apply.*

C. APPLICANT ORGANIZATIONS

Awards are made to institutions, not individuals. Although the Principal Investigator writes the application, implements the research, and disseminates the results, the monetary award is made to an institution known as the applicant or grantee organization. The applicant (Grantee) organization assumes responsibility for the execution of the grant.

As the granting authority for the TSNRP's congressionally appropriated funds, the Uniformed Services University of the Health Sciences (USUHS) can award grants only to organizations outside the Federal sector. **USUHS's granting authority is limited to non-profit organizations and academic institutions.** Investigators can submit applications through a **non-Federal non-profit or academic** applicant (Grantee) organization of their choice. Appendix B contains information on non-profit organizations frequently used by military personnel.

Below is the language in Article 1 of our Terms & Conditions.

"10 U.S.C. 2113 (j) (1) (A) provides authority for the Secretary of Defense to enter into contracts with, accept grants from, and make grants to the Henry M. Jackson Foundation for the Advancement of Military Medicine [...] or any other nonprofit entity, for the purpose of carrying out cooperative enterprises in medical research, medical consultation, and medical education (hereinafter referred to as the Grantee)."

V. FUNDING CYCLE

The deadline for the submission of applications for Novice Investigator, 1-, 2-, and 3-Year, Pilot Project, and Research Fellow Awards is **4 p.m. eastern standard time on the due date.** All applications submitted for these awards will undergo the same review process and follow the same funding cycle.

A. NOVICE INVESTIGATOR, 1-, 2-, AND 3-YEAR, PILOT PROJECT, AND RESEARCH FELLOW AWARDS

FUNDING CYCLE A

Letter of Intent Deadline	29 September 2006 by 4 p.m. EST
Application Deadline	**7 November 2006 by 4 p.m. EST**
Scientific Review	January 2007
Programmatic Review	February 2007
Funding Decision	March 2007
Notification of Funding	April 2007

FUNDING CYCLE B

Letter of Intent Deadline	6 January 2007 by 4 P.M. EST
Application Deadline	**7 March 2007 by 4 P.M. EST**
Scientific Review	April 2007
Programmatic Review	May 2007
Funding Decision	June 2007
Notification of Funding	July 2007

B. GRADUATE RESEARCH AWARDS

FUNDING CYCLE

With this FY06-A funding cycle, Graduate Research Awards are **accepted between 1 November 2006 and 30 March 2007**. See Section VII: Application Submission, b. Submission Requirements. Applications submitted for Graduate Research Awards will follow a funding cycle and review process independent of those for the other awards. See Section VIII: Proposal Evaluation, 2. Review of Graduate Research Awards.

VI. APPLICATION SUBMISSION

A. Intent to Submit an Application

Investigators are highly encouraged to notify the TSNRP of their interest in applying by submitting a Letter of Intent (LOI). TSNRP may provide guidance in response to an LOI. These may be submitted electronically through the TSNRP Web site, *http://www.usuhs.mil/tsnrp/forms/loi.shtml,* as a paper copy mailed to the address below, or faxed to 301-295-7052 (see Appendix C for LOI forms). The LOI is not a commitment to submit an application.

B. Submission Requirements

Application requirements are determined by the award category. The application will consist of TSNRP forms and Public Health Service (PHS) forms, either PHS 398 forms (revised 04/06), PHS 416-1 forms (revised 10/05), or a combination of both. The application packet should be secured with rubber bands (no staples, clips, or binders). All forms are available online at *http://www.usuhs.mil/tsnrp/forms.* A table showing the application forms required for each award category can be found on page 16. A **complete application** includes:

- **One** signed original of the TSNRP forms and the appropriate PHS forms, with appendices.
- **Fifteen (15)** copies of the **entire original application, including appendices.**
- **Four** electronic copies of the complete application, including TSNRP forms and the appropriate PHS forms, with appendices. **(CD-RWs only. Do not send floppy disks, read only CDs, or PDF files.)**

Forward completed application by courier or shipping service so that it arrives no later than **4 P.M. EST on the due date** to:

CDR Patricia W. Kelley, NC, USN, PhD, RN, FNP, GNP, FAANP
Executive Director
TriService Nursing Research Program
Uniformed Services University
4301 Jones Bridge Road
Bethesda, MD 20814

The TriService Nursing Research Program will not accept hand-delivered applications from any applicant or their representative.

Applications received later than the stated deadlines and/or applications exceeding the funding award limit will be returned to the applicant and will not be considered for review.

C. Submission of Duplicate Applications

The TSNRP does not accept submission of an application that is a duplicate of an application in concurrent funding cycle by another funding agency.

VII. PROPOSAL PREPARATION

A. General Application Guidelines

Investigators are encouraged to submit rigorous scientific proposals that convey military relevance and relevance to the TSNRP research focus areas (see Part III). The proposal should demonstrate logical consistency and clarity throughout (i.e., purpose, statement of specific aims, review of literature, theoretical framework, research questions/hypotheses, design, data collection, and data analysis).

When preparing the application, **applicants should pay utmost attention to detail and ensure that all parts of the proposal are consistent, error-free, clear, legible, and complete.** Applications must be complete and accurate at the time of submission. An application will be returned without review if it exceeds the funding award limit, is illegible, fails to meet the guidelines, or presents insufficient material to permit an adequate review. **Supplementary or corrective material may not be submitted after the deadline, unless the TSNRP Executive Director agrees to accept this information.**

Use the following guidelines to format an application:

- Study title must be limited to a maximum of 81 characters.
- Single-sided and single-spaced.
- Margins in all directions must be at least ½ inch, or according to the application form pages (which are pre-formatted).
- Font requirements:
    - Type face: Arial, Helvetica, Palatino Linotype, or Georgia.
    - Font size: no smaller than 12 point.
    - Type density: including characters and spaces: no more than 15 per inch.
    - Lines per inch: maximum 6 lines per inch.
    - Black ink only.
- Grantsmanship:
    - Use English.
    - Avoid jargon.
    - Spell out acronyms the first time used and note the appropriate abbreviation in parentheses. Use the abbreviation thereafter.
- Consecutively number pages through the application, including appendices **(NEW).**
- Copies:
    - The original document signed by the principal investigator and an authorized organizational official.
    - 15 exact, legible, single-sided photocopies.

- Four (4) electronic copies of the complete application, including TSNRP forms and the appropriate PHS forms, with appendices on CD-RWs. **Do not send floppy disks, read-only CDs, or PDF files.**

B. PAGE LIMITATIONS AND CONTENT REQUIREMENTS

- PER THE MOST CURRENT PHS 398 INSTRUCTIONS FOR NOVICE, 1, 2, 3, YEAR AND GRADUATE RESEARCH AWARDS

Section	Page Limit	Content
Introduction – New applications – Revised/Resubmission applications	Not required/Not to be submitted 3 plus RECOMMENDATIONS AND REVISIONS FOR FY _____ SUBMISSION form	See Instructions
Research Plan – Sections A–D – Sections E–L	25 none	Text including all figures, charts, tables, and diagrams.
Biographical Sketches	4	No more than 4 pages for each person listed as Key Personnel.
Literature Cited	none	Complete citations, including titles and all authors.
Appendix	none	No more than 10 publications (including accepted manuscripts); photographs (include a copy in the Research Plan); questionnaires; and other materials that do not photocopy well.

- PER THE MOST CURRENT PHS 416-1 INSTRUCTIONS FOR FELLOWSHIP AWARDS

Section	Page Limit	Content
Applicant		
Research Proposal—Description (Form Page 2, Item 19)	Limited to space provided on form	Succinct and accurate description of proposed work when separated from application.
Applicant/Fellow Biographical Sketch	4 (no limits on subsections)	See Instructions.
Previous Research Experience (Form Page 5) Doctoral Dissertation and Other Research Experience	2	See Instructions.
Research Training Plan Introduction – Sections A–D only – Sections E–K not included in the 10-page limit	1 10	Required for Revised Applications only. Text plus all figures and tables.
Sponsor/Co-Sponsor		
Biographical Sketch	4 (per person)	May use Biographical Sketch in PHS 398.

C. Application Resubmission

The PI must identify whether the current grant application represents a revision of an application previously submitted for TSNRP funding. PIs are limited to submitting two revisions of an application The resubmission must include substantial changes. It must address comments from previous scientific and programmatic reviews and state how these recommendations were considered when preparing the revised application. All information from a previously submitted application, including reviewer critiques, is made available to reviewers for consideration during the scientific and programmatic review process of the resubmission.

The revision must include an Introduction of not more than three pages that *summarizes* the substantial additions, deletions, and changes. In this Introduction, list each area of concern noted in the reviews (scientific and programmatic) for the previous application, and clearly summarize the changes that have been made in the revised application. Insert the Introduction just before the very beginning of the Research Plan. Use the RECOMMENDATIONS AND REVISIONS FOR FY _____ SUBMISSION form (Appendix I) to provide a detailed description of each change (see Appendix I). Insert this form immediately following the TSNRP forms. Use brackets to identify paragraphs with significant changes to distinguish them from the previous application. **Do not** underline, **bold type,** or shade changes. Resubmit a completely new proposal for revisions if they are extensive and difficult to follow. This should be explained in the Introduction to the revised application.

D. Application Forms

The following table outlines the forms needed for a complete application for each type of award. All forms are accessible through the TSNRP Web site *www.usuhs.mil/tsnrp/forms*.

Application forms needed for each award category

		Novice	1- & 2-Yr	3-Yr	Pilot	EBP	Graduate	Fellowship
	TSNRP forms	√	√	√	√	√	√	√
PHS 398	Face Page Form Page 1	√	√	√	√	√	√	√
	Abstract & Sites Form Page 2	√	√	√	√	√	√	
	Key Personnel Form Page 2 con't	√	√	√	√	√	√	
	Table of Contents Form Page 3	√	√	√	√	√	√	
	Detailed Budget Initial Form Page 4	√	√	√	√	√	√	√
	Budget for the Entire Period	√	√	√	√	√	√	
	Biographical Sketch	√	√	√	√	√	√	
	Other Support	√	√	√	√	√	√	
	Resources	√	√	√	√	√	√	
	Checklist	√	√	√	√	√	√	√
	Personal Data	√	√	√	√	√	√	√
PHS 416-1	Sponsorship & Co-Sponsor Contact Form Page 2						√	√
	Goals for Training Form Page 3							√
	TOC Form Page 4							√
	Applicant Bio Sketch Format Page						√	√
	Previous Research Exper From Page 5							√
	Sponsor/Co-Sponsor Bio Sketch Format Page							√
	Reference Page							√

All applications are required to include a cover letter with the application. This letter should include the following information:

- Application title.
- TSNRP Call for Proposal number (A or B).
- Type of Award sought.
- Your complete contact information.
- The name of your grantee organization and the contact information.

E. Application Instructions: Novice, 1-,2-, 3-year & Pilot Awards

1. TSNRP Grant application Cover Pages: Applicants of all award categories must complete the following two TSNRP Forms (Revised July 2006).

    a. **Grant Application Cover Sheet:** All proposals must have a completed TSNRP Grant Application Cover Sheet (see Appendix C) as the first document of the application. The PI's name, military rank, military unit, full mailing address, facsimile number, and e-mail address, and (if applicable) civilian title(s) and work position are required.

    The PI must indicate the Award Category (see Part IV B) and categorize the proposal according to the TSNRP Research Priorities (see Part III). PIs are required to identify *three key words* relating to the proposal, using the CRISP Thesaurus for their selection. The thesaurus is on the Web at: *http://crisp.cit.nih.gov/Thesaurus/index.htm*.

    PIs who have previously received TSNRP funding must list all dissemination activities and publications by TSNRP grant number, title, and funding amount.

    b. **Relevance to Military Nursing Form:** The Relevance to Military Nursing form follows the Cover Sheet (see Appendix C). In the space provided, the PI should fully describe how the proposed research would expand the body of military nursing practice and military scientific knowledge.

2. PHS 398 Forms; **revised 4/2006**

PHS 398 forms and instructions for completing the forms are accessible online through the TSNRP Web site, *http://www.usuhs.mil/tsnrp/forms/*. Applicants are advised that for some PHS 398 forms, such as Budget Forms, the Biographical Sketch Format Page, Other Support Format Page, etc., additional TSNRP-specific instructions must be followed, and the application instructions contained in this Call for Proposals supersede instructions for the PHS 398 forms.

The PI's name and rank should be listed at the top right corner of each PHS 398 page, except for the face page. Additional general instructions are provided below.

a. Face Page

i. Title: Select a title that is specifically appropriate to the research topic. Do not exceed 81 characters, including spaces and punctuation.

ii. Degrees: Indicate up to three academic and professional degrees or other credentials, such as licenses (e.g., R.N.).

iii. Mailing address: Provide complete information (including room number, building, and street address) necessary for postal delivery.

iv. Telephone and fax numbers: provide a daytime telephone number and, if available, a fax number.

v. Human subjects research: Check YES if activities involving human subjects are planned at any time during the proposed project period. YES should be checked even if the research is exempt from regulations for the protection of human subjects. Check YES if the research involves obtaining private information or human biological specimens (such as blood and tissue samples) that can be linked by the investigator(s) to living individuals (per 45 CFR Part 46).

vi. No human subjects involved: Check NO if activities involving human subjects are not planned at any time during the proposed project period.

vii. Vertebrate animals: Check YES if activities involving vertebrate animals are planned at any time during the proposed project period.

viii. Costs requested for the initial budget period: Enter the "Subtotal Direct Costs for Initial Budget Period," form page 4.

ix. Total costs requested for initial budget period: Enter the sum of the "Total Direct Costs for Initial Budget Period: from form page 4 and the Facilities and Administrative costs for the initial budget period, as calculated on the Checklist form page.

x. Direct costs requested for the proposed period of support: Enter the sum total of total direct costs for all years.

xi. Total costs requested for proposed period of support: Enter the sum of Total Direct Costs from form page 5 and the Facilities and Administrative costs for the entire proposed period from the Checklist form page.

xii. Applicant organization: Identify the organization that will be legally and financially responsible for the conduct of activities supported by this award, if made. TSNRP awards are restricted to non profit and university organizations. Do not engage a for profit grantee organization. Applications naming a for-profit grantee organization will be returned without review.

xiii. Entity identification number, DUNS number, congressional district: Enter the appropriate numbers in the spaces provided.

xiv. Administrative Official to be notified if award is made: Name the applicant organization administrative official to be notified if an award is made. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for this official.

xv. Official signing for the applicant organization: Name an individual authorized to act for the organization and to assume the obligations imposed by the federal laws, requirements, and conditions for a grant. The signing official's signature is considered certification of the information contained within the application, the budget information in particular, and provides assurance that appropriate mechanisms are in place to manage and monitor the grant. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for this official. An original signature, in ink, is required. "For" signatures are acceptable; i.e., if the official designated to sign for the applicant organization is not available to sign. Only another institutional official with formal delegated authority to act in his/her behalf may sign as "acting for" such official. However, "Per" signatures (signing as the designated official or without the formal delegation) are not acceptable. The date of signature must be included. In signing the application Face Page, the duly authorized representative of the applicant organization certifies that the applicant organization will comply with all applicable policies, assurances and/or certifications referenced in the application.

Applications submitted with only the PI's signature on the Face Page will be returned without review.

b. Description (Abstract Page), Performance Sites, Key Personnel, Other Significant Contributors (Abstract & Sites Form Page 2)

i. **Description**: This section is the research "abstract." The abstract will serve as a succinct and accurate description of the proposed work when separated from the applications. State the broad, long-term objectives and specific aims. Briefly describe the research design and methods for achieving the stated objectives and aims. In the space allowed, cite key areas of the research, for example, the problem to be examined, theoretical framework, population or sample, design, procedures, intervention, data analysis plan, measurements, etc. Provide two to three sentences to describe the relevance of this research to military health care.

ii. **Performance Site**: A performance site is a location where the work described in the Research Plan will be performed. List all sites and provide an explanation on the Resource Format Page of the application. The performance site may or may not be the same as the PI's assigned duty station or academic site. A study may have multiple performance sites (see example).

PERFORMANCE SITE(s) (organization, city, state)	
Naval Medical Center San Diego	San Diego, CA
Madigan Army Medical Center	Tacoma, WA
Brooke Army Medical Center	San Antonio, TX
Wilford Hall Medical Center	San Antonio, TX

iii. **Key Personnel**: Key personnel are individuals who contribute substantively to the scientific development or execution of the project, whether or not salaries are requested by the applicant organization. Key personnel must devote measurable effort (in person months) to the project. Effort of "zero person months" or "as needed" are not acceptable levels of involvement for Key Personnel.

The PI is the one individual designated by the applicant organization as responsible for the proper conduct of the study. Designate only one individual as the PI for a study. TSNRP does not recognize the use of a co-Principal Investigator title. Individuals providing technical services are not considered key personnel (e.g., transcriptionists).

Begin the list of Key Personnel with the PI. List the other Key Personnel in alphabetical order by last name. List their role on the project and describe how the individual will contribute to the proposed study.

A mentoring component is a requirement for **new and junior investigators** who apply for the Novice Investigator and **all retired investigators.** Both the mentor and individual being mentored

should be listed as key personnel. Investigators who are retired from the military are evaluated on whether a new or junior military investigator is a member of the research team. The mentoring plan for the new or junior investigator is evaluated for its potential to develop a military nurse researcher, thereby increasing the cadre of military nursing researchers.

iv. **Other significant contributors**: These individuals have committed to contribute to the scientific development of execution of the project but are not committing any specified measurable effort to the project.

Provide a biosketch for all Key Personnel and those listed as Other Significant Contributors.

c. Budget and Budget Justification

i. The budget must be complete, accurate, and reasonable, and within the budget limits for each grant award category. Applications exceeding the specific award's funding limit will be returned without review.

ii. Federal employees may not use grant funds for salaries. Contributions by Federal employee research team members should be annotated as "without charge" or "WOC" on the budget forms and in the budget justification sections.

iii. Non-Modular format: Submit a detailed categorical budget for the initial and entire period of support (form pages 4 & 5). Form Page 4 reflects the total direct costs, which includes the total of any contractual costs, requested for the first 12 months of the study's budget. Form Page 5 reflects the total direct costs for the entire study period. Each item listed on Form Page 4 must be clearly justified on Form Page 5.

1. **Form Page 4**
   a. Personnel: Begin this list with the PI. List all persons involved in the study during the initial period regardless of whether a salary is requested. Avoid any duplication of roles and/or responsibilities. **For military personnel, include the additional information of their "Time on Station," "Permanent Rotation Date," or "End of Time in Service."**
      i. Role on project: Identify the role of every individual listed on the project. Describe their specific functions under the justification on Form Page 5.
      ii. Months devoted to project: Enter the number of calendar months devoted to the project for each individual listed. The form contains 3 columns to allow for differing types of appointments to the study: academic, calendar, and/or summer. Study personnel may have consecutive appointments within a calendar year, for example, an

academic period and a summer period. Each of these appointments should be identified individually using the corresponding column, leaving the calendar month column empty. If the person's involvement does not change throughout the year, use only the calendar month column.

iii. Salary requested: Indicate the amount of salary requested for each person listed.
iv. Fringe benefits: List, if appropriate.
v. Total salary: Add the salary requested and fringe benefits for each person listed.

b. Consultant costs: Provide the names and organizational affiliations of all consultants not involved in consortium/contractual arrangements. Describe the consultant services in the budget justification.

c. Equipment: List each item of equipment and the cost separately.

d. Supplies: Itemize supplies in separate categories. Categories that total less than $1,000 do not have to be itemized. If animals are included, identify the species and number to be purchased.

i. Computer equipment and software requests must reflect the needs of the research proposal. These items are considered equipment by some grantee organizations and supplies by others. Reflect computer equipment and software requests in the category appropriate to the selected grantee organization.
ii. The maximum allowable cost for computer equipment and software is $3,000.

e. Travel: Itemize travel requests and justify them on Form Page 5. Travel costs may be incurred in the implementation of the research study. List the purpose and destinations for all proposed travel and for each individual. A table may be included for multiple trips. Estimate round-trip airfare (or mileage), hotel, and per diem costs for each trip. Dissemination of findings is an important component of the research. A maximum of $1,800 per award may be budgeted for travel to attend a scientific meeting to disseminate research findings. Travel for dissemination typically occurs in the last year of a project.

f. Patient care costs: Itemize costs of patient participation in the research study. These costs are limited to expenses specifically associated with the proposed study. Military personnel cannot receive remuneration for participation in research, except for blood draws, which are typically up to $50 per draw. TSNRP recommends consultation with the performance site's legal consultant while preparing the proposal to ensure compliance with Department of Defense regulations on remuneration of military personnel.

g. Other Expenses: Itemize other anticipated direct costs, such as, equipment rental, communication costs, transcription costs, advertising costs for study personnel, assistance in manuscript preparation (including editing and proofing), etc. Provide hours and rates for all equipment rental and services. A maximum of $350 for preparation of dissemination materials is allowed. **Crada and/or IRB-related processing fees are not allowed.**

2. Mentoring: A mentoring component is a requirement for **new and junior investigators** applying for the Novice Investigator and **all retired investigators.** Both the mentor and the person being mentored should be listed as key personnel. New or junior investigators' applications are evaluated on the expertise and credentials of the experienced mentor. The mentor must be a member of the research team and be available to provide support to the investigator, as outlined in the mentoring plan. Details of the mentoring plan must therefore be provided in the personnel section of the Budget Justification.
3. Active Duty PIs: The PI's ability to carry out the proposed research (education, research experience, content expertise, previous work in the proposed area of research, previous experience in other research areas, relevant publications, prior funding) are considered by reviewers. The reviewers evaluate the stability of the Active Duty PIs research team at the primary performance site is evaluated. Pertinent areas of interest include change of duty station, temporary duty, and end of time in service issues. Active Duty PIs should include a second military nurse at the primary performance site to serve as the site's contact should the PI be away from the site for more than 3 months. Details on Active Duty key personnel must be included in the Budget Justification section.

d. Biographical Sketch

i. Biographical sketches should include the individual's education, professional experience, military assignments, content expertise, and research experience, funding history with the title and amount of each award, and other qualifications appropriate to their role on the research team.

ii. Research Support

1. Don't confuse "Research Support" with "Other Support." They sound similar, but are actually very different. "Research Support" highlights your accomplishments and those of your colleagues, as scientists. This information will be used by the reviewers to assess each individual's qualifications for a specific role on the project as well as the overall qualifications of the research team.

iii. Evidence of publications emanating from previously funded research

must be provided as part of the biographical sketch. List publications in chronological order and reference the corresponding TSNRP funded study.

iv. **Graduate Applications Only: ADD PHS 416-1 APPLICANT/FELLOW BIOGRAPHICAL SKETCH. Complete Section C, Scholastic Performance.**

e. Other Support

i. Other Support is defined as all financial resources (Federal, non-Federal, commercial, or institutional) available in direct support of an individual's research endeavors. Information on Other Support assists TSNRP in identifying investigators' potential overlap in support. Overlap, whether scientific, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. **Complete an "Other Support" page for all key personnel.**

f. Resources

i. Applicants are advised to focus on those institutional resources that are particularly relevant to the proposed research study. Proposal reviewers want to be assured that investigators have access to all of the material/facilities/services that will be needed to conduct the research study. Information is also helpful on conduciveness of the environment to successfully complete the research, access to resources needed to conduct the research study (e.g., material, computers, copiers, medical equipment, library, laboratories, testing centers, space, services, scholarly environment), and any related ongoing research by other investigators at the research site. On-site colleagues who are interested and involved in studies related to your research area can be a valuable resource.

g. Research Plan: Do not exceed 25 pages for Items 1–4. All tables, graphs, figures, diagrams, and charts must be included in the 25-page limit.

i. PIs are encouraged to use all allowable space to explain their research plan. The text should be formatted according to the guidelines on page 14. Areas for discussion in the Research Plan area are:

1. Specific Aims: This section, the foundation on which the rest of the proposal will be built, is one of the most important parts of the proposal. If sufficient time and thought are invested in this first stage of the proposal, the rest should flow smoothly. In addition to listing the broad, long-term objectives (or purposes) and hypotheses for the study's research questions, the Specific Aims section should: 1) be easy to read and logically presented, 2) suggest the relevance of the proposed study to the mission of the TSNRP, 3) refer to the current state of knowledge in the area of study, noting how the proposed study will fill gaps in that body of knowledge, and 4) indicate the expected outcomes of the study and the expected

impact of the study findings. A direct relationship between the hypotheses (or research questions), data collected, and analysis should be fully presented.

2. Background and Significance: Emphasis in this section is on citation of specific research literature supporting the significance of the research problem, identification of gaps the proposed research is intended to fill, and support of the selected methodology, to include a conceptual framework if applicable, instruments and measurement techniques, or procedures. Citation of, and specific credit for, if another author's work is part of the researcher's scientific and scholarly responsibility. Opinion-based citations do not provide adequate support for the proposed research.

   Applicants are encouraged to present any supporting statistics or other pertinent information that further demonstrates the importance of the proposed study to the current body of knowledge in the research area and the mission of the TSNRP. If there is expectation that the proposed research will have practical therapeutic applications for clinical nursing, be sure to include such information by indicating the nursing intervention, expected outcome, and reliability and validity of outcome measures. Finally, include any economic impact that the research findings are expected to have.

3. Preliminary Studies/Progress Report: Highlight preliminary work the research team has done in the proposed area of study to demonstrate that the research team has mastered the technical aspects of the proposed research, including accessing the proposed sample population, pilot testing the proposed instruments, etc.

   Relevant data from unpublished research should be included in this section. Describe what the data show and why the findings to date are significant to the proposed work. If necessary, selectively include in the appendices related materials from any published work. In writing this section, keep in mind that the objective is to convince the reviewers that the research team is prepared to undertake the proposed study and that the research team has a competitive advantage over others working in the field. Only research conducted by members of the proposed research team should be reported in this section.

4. Research Design and Methods: This section should follow directly from the Specific Aims statement. Organize this section carefully to ensure that the Research Design will accomplish each stated Specific Aim. Present the theoretical/conceptual basis of the Research Design before getting into details of Methods. Discuss the sample, instrumentation, data collection procedure, analysis, and human rights protection in enough detail (e.g., methodology, statistics, discussion of controls) to make clear what will be done, how it will be done, and how the data will be interpreted. Provide a detailed timeline delineating the proposed progression of the study,

to include major tasks/milestones and the period within which they will be accomplished (see Appendix D). Discuss anticipated problems and plans for alternative strategies should these problems arise.

5. Instruments: Samples of all instruments and assessments of their reliability and validity must be submitted with the application. Include an instrument table with corresponding reliabilities within the methodology section to assist the scientists reviewing the proposal. Use of untested instruments (except in instrumentation proposals and some qualitative research) or failure to include reliability and validity data diminishes the credibility of the measures.
6. Sample and Site Availability: Sample selection for the proposed study must be realistic, especially for those studies using military populations. Include the parameters employed and the results of a power analysis to justify the sample size for the research questions addressed in the proposal. Support letters demonstrating access to settings and populations are critical to the application. Specific details of how subjects will be identified and recruited must be included. The site population and the number available for sampling should be described.
7. Data Collection Procedure: Every step in the data collection procedure should be fully described. Make clear to the reviewers what will be done, how it will be done, and by whom.
8. Human and Animal Use Approvals*:* Research involving either human subjects or animals must be conducted in full compliance with all applicable Federal regulations and Department of Defense (DoD) policies. If the proposed research involves human subjects, the PI should discuss issues related to human subject protection (e.g., confidentiality, coercion, volunteerism, data safety, monitoring plan, Health Insurance Portability and Accountability Act compliance, etc.). Applicants may want to consult current DoD, Service, and site-specific human subject protection requirements.

   Research involving the use of animals must be conducted at a facility accredited by the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC). Documented Institutional Animal Care and Use Committee (IACUC) approval must be provided if the proposal is funded.

   Research taking place on DoD installations or using DoD beneficiaries must have the approval of all appropriate Institutional Review Boards (IRB). Academic institutions' human use approval will not be considered a substitute for the appropriate DoD IRB approval at the performance site. Determination of exempt status for research is the responsibility of the local IRB and cannot be made by the investigator. Although not required at the time of application, the applicant will be responsible for providing documented IRB approval of the research protocol for each

performance site if the proposal is funded. As the grantor, the Uniformed Services University of the Health Sciences' IRB also reviews all TSNRP-funded proposals involving human subjects and animals. **Funding for approved applicants will not be dispersed without appropriate IRB approvals from each performance site and the Uniformed Services University of the Health Sciences**.

The use of vulnerable populations is subject to strict scrutiny by Human Subjects Committees, potentially causing a lengthy and difficult IRB approval process. The use of multiple performance sites may also slow the IRB approval process.

Human use consent forms must state the following under the section labeled "Confidentiality": "The Institutional Review Board of [the specified study site], the Uniformed Services University of the Health Sciences, Bethesda, MD, and other Federal agencies who provide oversight for human subject protection may see your records." If applicable, a draft of an Informed Consent document must be included in the application.

A list of references related to human and animal study subjects protection is provided in Appendix F.

9. Reference List: All references cited in the text must appear in the reference list. Another author's work must be cited accurately in the text. Use APA reference format.
10. Consortium/Contractual Arrangements: Explain the programmatic, fiscal, and administrative arrangements to be made between the grantee organization and the consortium organization(s). Include letters of collaboration and budget plans for each contractual agreement (including PHS 398 budget pages for initial budget period and entire proposed period).
11. Consultants: Letters of support from consultants and their biographical sketches are included in this section. Letters of support from consultants should include scope of work (responsibilities), compensation, level of commitment (percentage effort), and duration of commitment.

h. Appendix: One set of appendices should accompany each copy of the proposal.

i. Appendices include material relevant to the application that is not suited for the body of the application. Include:

ii. Measurement and instrument items including surveys, questionnaires, data collection instruments, clinical protocols.

iii. The use of any instruments not in the public domain requires the author's permission. Include the letter from the author or their legal representative acknowledging permission to use to the PI.

i. Consent form(s)

j. List of publications, manuscripts accepted for publication. The number of publications and manuscripts accepted for publication should not exceed five.

k. Letters of support

1. Original letters of support from all heads of departments, which might be affected by any aspect of the research, should be included with the application. Relevant letters should demonstrate that investigators have access to the population and the use of facilities needed to conduct the study.

   Individuals named as key personnel and consultants should submit letters of support acknowledging participation, including scope of work (responsibilities), compensation, level of commitment (percent effort), and duration of commitment.

   Active Duty and Reserve graduate students applying for a Graduate Research Award to conduct their dissertations or theses are required to provide written documentation that the proposal topic has been approved by the applicant's dissertation or thesis committee. This documentation must be generated by the applicant's committee chair and accompany the proposal application.

i. Checklist:

i. Check all types that apply to this application.

ii. Program Income: Indicate program income amount. If none, state none.

iii. Assurances & Certifications: Each application requires that the policies, assurances, and certifications listed on the Checklist be verified by the signature of the official signing for the grantee organization on the Face Page of the application.

iv. Facilities and Administrative Costs (F&A)/Indirect Costs

1. Provide the date of most recently established F&A rate.
2. Calculate the F&A costs using the current negotiated F&A rate, less exclusions, for the initial budget period and all future budget periods. It is not necessary to list the exclusions on the Checklist or anywhere in the application. However, the direct cost base used for the calculation of the F&A costs must be listed for each year. Show rate used in the calculation for F&A rates.
3. The indirect cost rate itemized by the applicant organization on the Checklist Form Page should correspond to the information provided on the budget pages and the Face Page of the application.

j. Personal Data on Principal Investigator

i. This form is required. The PI must complete the document. Place the form at the end of the original application. Do not submit more than one copy of the Personal Data form.

F. APPLICATION INSTRUCTIONS: FELLOWSHIP AWARDS

This award is designed to facilitate training in some aspect of research for doctorally prepared Active Duty Officers, or to expand the research skills of *experienced* Active Duty Nurse Corps nurse researchers. There are different regulations regarding funding, study effort, and letters of support.

- Funds **may not** be requested for the purchase of equipment or salary for the research fellow. Funds may only be requested for the following categories: Personnel—to compensate non-Federal employee mentors, Consultant Costs, Supplies, Travel, and Other Expenses.
- The Fellow must devote at least 15%–20% effort to work on the grant.
- The application must include a letter of support from the mentor and a letter of support from the Fellow's supervisor for the proposed effort.

Applicants for Research Fellow Awards must use a **combination of PHS 398 and PHS 416-1 forms** (*www.usuhs.mil/tsnrp/forms/researchfellow.shtml).* Applications for this award should consist of the following forms, ordered in the following fashion:

- TSNRP Forms.
- Face Page (PHS 398 Form Page 1).
- Sponsor & Co-Sponsor Information (PHS 416-1 Form Page 2) To be completed by the Sponsor/Co-Sponsor.
- Goals for Fellowship (PHS 416-1 Form Page 3).
- Table of Contents (PHS 416-1 Form Page 4).
- Applicant/Fellow Biological Sketch (PHS 416-1 Applicant Biosketch)
- Previous Research Experience (PHS 416-1 Form Page 5).
- Detailed Budget for the Initial Period (PHS 398 Form Page 4).
- Budget for the Entire Period (PHS 398 Form Page 5).
- Research Training Plan (No Specific Form, Use Continuation Sheets).
- Checklist (PHS 398 Checklist Form Page).
- Personal Data Sheet (PHS 398 Personal Data Form Page).
- Sponsor-Co-Sponsor Biographical Sketch (PHS 416-1). To be completed by Sponsor-Co-Sponsor.

- Reference (PHS 416-1 Reference Page) to be completed by those providing References.

Applicants should use the PHS 416-1 Continuation Page if space beyond what is provided is needed to complete sections of the application.

Instructions provided below are for PHS 416-1 forms only. If PHS 398 forms are required, please refer to instructions beginning on page 17.

1. **Sponsor-Co-Sponsor Form (to be completed by Sponsor-Co-Sponsor)**
   a. Items 17 and 18:
      i. Include complete contact information. A biographical sketch is required for the sponsor and any co-sponsor.
      ii. Indicate the sponsor's organizational affiliation at the sponsoring institution.
      iii. Indicate the school, college, or other major subdivision if there is one.
      iv. Co-Sponsor, complete if applicable. Otherwise, leave this blank.
   b. Item 19 Research Proposal Description: Project Summary and Relevance:
      i. Project summary: This is the research "abstract" and should be a succinct and accurate description of the proposed work when separated from the application. State the broad, long-term objectives and specific aims. Describe the research design and methods for achieving the stated goals.
      ii. Relevance: Provide two to three sentences to describe the relevance of this proposal to military health care.
2. **Sponsor-Co-Sponsor Form (to be completed by the applicant)**
   a. Item 20: Career and Training Goals
      i. Describe applicant's career goals and explain how the proposed training will enable the applicant to reach these goals. Identify skills, theories, conceptual approaches, etc., that will be learned or knowledge that will be enhanced.
   b. Item 21: Activities Planned:
      i. Identify the activities the applicant will engage in and the percentage of time the applicant will devote for each activity. Use the chart to specify these by year.
   c. Item 22: Training Site(s)
      i. List all of the training sites described in the training plan.
   d. Item 23: Complete if appropriate.

3. **Applicant/Fellow Biographical Sketch (to be completed by the applicant)**
    a. Fellowship applicants are not required but are advised to complete Part C: Scholastic Performance.
4. **Research Training Plan (No Specific Form Page, Use Continuation Pages): to be contained within page limitations.**
    a. Specific Aims
    b. Background and Significance
    c. Preliminary Studies
    d. Research Design and Methods
    e. Human Subjects and/or Vertebrate Animal Information
    f. Literature Cited
5. **Research Training Plan (No Specific Form Page, Use Continuation Pages): these elements are not included in the page limits.**
    a. Respective contributions: Describe the collaborative process between the applicant and the sponsor/co-sponsor in the development, review, and editing of the training plan.
    b. Selection of Sponsor and Institution: Explain why the sponsor and institution were selected.
    c. Responsible Conduct of Research: Applications must include a plan for the responsible conduct of research.
6. **Sponsor/Co-Sponsor Biographical Sketch Format Page (to be completed by the Sponsor/Co-Sponsor).**
    a. Complete as indicated.
7. **Sponsor/Co-Sponsor Information (no specific form page, use continuation pages).**
    a. Create the heading, "Section II Sponsor and Co-Sponsor Information" on page 1.
    b. Complete these items:
        i. Research support available: Create a table to list all current and pending research and research training support specifically available to the applicant for this particular training experience. Identify funding source, title of the research/training program, the name of the PI, dates and amounts of award.
        ii. Sponsor/Co-Sponsor's Previous Fellows/Trainees: List the total number of predoctoral and postdoctoral individuals previously sponsored. Select 5 and provide their present employing organizations and position titles or occupations.

iii. Training plan, environment, research facilities: Describe the research training plan developed specifically for this applicant.

iv. Number of Fellows/Trainees to be supervised during this Fellowship: Indicate whether these persons are pre or postdoctoral fellows.

v. Applicant's qualifications and potential for a research career.

8. References

a. Submit at least three completed, sealed references.

b. The sponsor of the application cannot serve as a reference.

G. Application Instructions: Graduate Research Awards

Applicants for this award must include all required PHS 398 forms and PHS 416-1 pages in the following order:

- TSNRP Forms
- Face Page (PHS 398 Form Page 1)
- Abstract and Sites (PHS 398 Form Page 2)
- Table of Contents (PHS 398 Form Page 3)
- Applicant/Fellow Biosketch (P)HS 416-1 Applicant Biosketch)
- Detailed Budget for the Initial Period (PHS 398 Form Page 4)
- Budget for the Entire Period (PHS 398 Form Page 5)
- Key Personnel (PHS 398 Form Page 2 con't)
- Sponsor/Co-Sponsor Information (PHS 416-1 Form Page 2) to be completed by academic advisor
- Biographical Sketch for persons other than the applicant or academic advisor (PHS 398)
- Checklist (PHS 398 Checklist Personal Data Form Page)
- Personal Data Sheet (PHS 398 Personal Data Form Page)

The documents are accessible online through the TSNRP Web site *www.usuhs.mil/tsnrp/forms/index.html.* Some general instructions are provided below. The PI's name and rank should be listed at the top right corner of the PHS 416-1 forms.

The identified "sponsor" should be the faculty member with substantial oversight for the student's dissertational/thesis work (i.e., the chair of the dissertation/thesis committee). The TSNRP advises graduate students to:

- Inform the committee chair of the desire to apply for TSNRP funding.
- Secure the committee chair's written support of the proposal.
- Obtain assistance from the committee in preparing the proposal.
- Identify the resources needed to complete the study.

Funding in this award category is to assist the graduate student PI in defraying costs in all aspects of the budget. Faculty advisor salaries and consultants expenses are not permitted for Graduate awards. These costs are considered to be included in the graduate student PI's tuition as part of the graduate education, therefore the PI is expected to perform the work of the study. Transcription costs are permissible. List them under "Other Expenses."

Instructions provided below are for elements specific to the Graduate Award.

1. PHS 416-1 Applicant Bio Sketch Format Page

a. Positions and Honors. List any honors that would reflect upon the applicant's potential for a research career. Include current memberships in professional societies.

b. Publication: List the applicant's entire bibliography if present.

c. Scholastic Performance: List all undergraduate and graduate courses with grades by academic institution and year.

2. Letter of Support

A letter from the student's thesis or dissertation committee chair must be included in the application, and it must include statements that the proposal has been approved and/or defended and that the student has met the school's requirements for thesis or dissertation proposal defense.

H. APPLICATION INSTRUCTIONS: EVIDENCE-BASED PRACTICE RESEARCH AWARDS

Evidence-based practice is the appraisal and application of research findings and other sources of valid, applicable knowledge in care of patients to improve patient outcomes, provide quality nursing care, and support nursing policy decisions (Kelley, et al., 2002). Acceptable sources of evidence range from randomized controlled trials to expert opinion (Cook, 1998). Research evidence is used in conjunction with patient values and clinical expertise in delivery of healthcare services to improve patient outcomes (Sackett et al, 2000). However, the lag between discovery and application in practice is substantial (Nieva et al., 2005). Promoting evidence-based practice is aligned with the TriService Nursing Research Program's priority Translating Knowledge into Practice in a Military Context (Strategic Conference, Dec 2005)." This priority was created to support implementation and evaluation of evidence-based practices at the point of care delivery. Evidence-based practice protocols are restricted to master's or doctorally prepared Active Duty Nurse Corps Officers stationed at military medical facilities who are actively mentored by a doctorally prepared Active Duty Military Evidence-Based Practice nursing expert.

- Use PHS 398 Forms as indicated for Novice, 1-, 2-, and 3-Year, and Pilot Awards.

- Minimum 1 protocol per study
- Maximum 3-year study period
- Maximum funding: $200,000

Instructions listed are for elements specific to EBP proposals.

1. **Abstract & Sites Form Page 2:**

    a. Description: Clearly delineate the primary purpose of the project, the clinical topic(s) to be addressed (e.g., pain management, diabetes self-care), the patient population(s) that will be the focus of the EBP project, the context of care delivery, the current standard of care, types of care providers that will be targeted in terms of using the evidence-based practice (e.g., nurses, medical assistants, physicians), and outcomes to be achieved by this EBP project. Include information about the theoretical framework, population or sample, design, procedures, data analysis plan, measurements, etc. Provide two to three sentences to describe the relevance to military health care.

    b. Performance Site: A performance site is a location where the work described in the Research Plan will be conducted. List all sites and provide an explanation on the Resource Format Page of the application. The performance site may or may not be the same as the PI's assigned duty station or academic site.

    c. Key personnel must devote measurable effort (in person months) to the project. Effort of "zero person months" or "as needed" is not an acceptable level of involvement for Key Personnel. Individuals who will be collaborating on this project should be described along with their role and primary responsibility for the EBP project.

2. **Research Plan: Do no t exceed 25 pages for Items 1–4. All tables, graphs, figures, diagrams, and charts must be included in the 25-page limit.**

    a. Specific Aims: In addition to listing the broad, long-term objectives (or purposes) and hypotheses for the study's research questions, the Specific Aims section should: 1) be easy to read and logically presented, 2) suggest the relevance of the proposed study to the mission of the TSNRP, 3) refer to the current state of knowledge in the area of study, noting how the proposed study will fill gaps in that body of knowledge, and 4) indicate the expected outcomes of the study and the expected impact of the study findings. A direct relationship between the hypotheses (or research questions), data collected, and analysis should be fully presented.

    b. Background and Significance: This section should describe why this evidence-based practice project is important to care delivery for those receiving care in the military health care system and their beneficiaries. It should include the background of the topic(s) that are the focus of the proposed EBP project, a description of the evidence base of the selected topic(s) (enough to convince reviewers that there is a sufficient evidence base to have an EBP project in this

selected topic area), and the relevance to nursing practice. The conceptual framework or model that will be used to guide the project should be described. This section should conclude with the clinical issue to be investigated, written in a question format that includes the patient population (e.g., adults with type 2 diabetes), clinical topic (e.g., self-care management of type 2 diabetes), users of the evidence-based practice (e.g., nurse practitioners in family practice clinic), and outcomes anticipated (e.g., improved self-care management practices). If more than one clinical topic is planned, a question relevant for each topic should be included.

c. Preliminary Studies/Prior Work: Any prior experience and/or work in EBP by applicants (applicant team members) should be described with data demonstrating the impact of their work(s). This section should provide enough information to convince reviewers that applicants can successfully carry out this EBP project.

d. Methods: This is a substantive component of the proposal and should address four major areas: 1) plans for finding, critiquing, and synthesizing the evidence for practice; 2) strategies for implementing the evidence in practice(s), including a description of the site(s)/context of care delivery; 3) evaluation plans to determine the impact of the EBP project on processes and outcomes of care; and 4) plans for sustaining the evidence-based practices following completion of the project. Each of these areas is further described below. The conceptual framework described in the Background and Significance section of the proposal should be integrated into each of these areas as appropriate.

   Include:

   i. Finding and critiquing the evidence: The proposal should address the databases, Web sites, and other possible sources that will be used to search for research reports, synthesis reports, and evidence-based practice guidelines for the selected topic(s). Methods used to decide which references will be included in the critique and synthesis of the evidence should be presented. Methods for deciding on practice recommendations should be described, and an overview of how the synthesis of the evidence will take place for this project should be discussed. This should include the individual(s) who will have primary responsibility for each component of this section.

   ii. Implementation strategies: This section should provide a detailed description of where (setting) and how the practice recommendations from the synthesized evidence will be implemented. Applicants should address both individual and organizational implementation strategies. The potential number and type of patients that could benefit annually from the EBP project should be described, and the number and type of providers that will be affected by the EBP should be discussed. Methods for garnering support of key stakeholders should be addressed as well as educational strategies, system changes, and other key implementation approaches. Rationale for the strategies to be used should be included. If

strategies such as posting research messages in clinical areas, and/or audit and feedback of data are planned, the frequency of these should be fully described. The discussion of implementation strategies should be detailed enough to enable others unfamiliar with the project to enact/replicate the implementation plan. This section should also integrate a discussion of possible challenges that may be encountered during implementation.

iii. Evaluation: This section should discuss how the success of the EBP project will be determined. A variety of methods may be used to evaluate the impact of the EBP project, and applicants should address the rationale for using the selected methods. Outcome and process variables/indicators should be described. A data collection plan is necessary and should address the methods for acquiring data, data sources, and reliability and validity of instruments used. Frequency of data collection should be described in relation to the implementation plan. Methods for data analyses should be included.

iv. Sustainability: Applicants should discuss what strategies will be used to sustain the use of the evidence-based practices following the conclusion of the funded project. This section should address how the EBPs will be institutionalized within the context of care where each is implemented and what other settings in the facility might benefit from adopting the evidence-based practice changes.

v. Timeline: A timeline for each component of the project should be provided, and plans for modification of the timeline as necessary should be included.

e. Instruments.

f. Sample and Site Availability: (Resources and Environment) This section of the application should describe the setting where the EBP project will be carried out and any existing resources available to assist with the EBP project (e.g., statistician, database manager, personnel with expertise in instrumentation). Letters of support from senior leadership at the site are encouraged.

g. Data Collection Procedures. Provide an outline and details.

h. Human Use Approvals. Human submect and IRB approvals as required by the command.

i. Dissemination Plans: A description of how the impact of the EBP project will be disseminated to internal constituents within the specified military setting as well as other stakeholders in the military health care system should be the focus of this section. A final report is due to the Tri-Services Nursing Research Program within 90 days of completion of the project.

j. References Cited:

VIII. PROPOSAL EVALUATION

A. REVIEW PROCESS

The review process for applications varies according to the award type. Proposals for Novice Investigator, 1-, 2-, and 3-Year, Pilot Project, Graduate Research, and Research Fellow Awards undergo a two-tiered review process: scientific merit review and programmatic review. Outcomes from all reviews guide funding decisions made by the TSNRP's Executive Board of Directors. Throughout the review and decision process, confidentiality and conflict-of-interest measures are enforced.

1. Review of Novice Investigator, 1-, 2-, 3-Year, Pilot Project, and Research Fellow Awards

The scientific merit review is a *criteria*-based process by which individual proposals are evaluated and scored. The review scores proposals on a scale of 1–5 (in intervals of 0.1). A proposal receives a "Zero Score" when it fails to meet established standards as determined by consensus vote of the scientific review panel. Proposals that receive a zero score will not receive a programmatic review. The scoring scale is as follows:

Rating Range	Adjective
1.0–1.5	Outstanding
1.6–2.0	Excellent
2.1–2.5	Very Good
2.6–3.5	Good
3.6–5.0	Fair
0	Zero Score

Scientific Merit Review: Each proposal is evaluated for scientific and technical merit, without regard for other proposals under consideration.

A Scientific Review Panel (SRP), consisting of a panel chair and civilian and military nurse scientists, is responsible for reviewing, discussing, and scoring the scientific merit of proposals. Panel members are selected from the nursing and health care communities based on their research, professional experience, and publication history. Two reviewers with expertise in the subject area are selected to evaluate each proposal and provide written evaluations. During the scientific merit review, the reviewers present the proposal, their reviews, and scores to the entire SRP. The panel discusses the proposal; each panel member then scores the proposal individually. The final score is a mean of all panel members' scores.

Military nurse scientists participate in the scientific merit review, but do not score the proposals. Military nurse scientists from one or more services are selected to evaluate proposals for military relevance and feasibility of the research from a military perspective. In reviewing a proposal, the military nurse scientist considers the potential contribution of the proposed research to military nursing, the importance of the research problem to military health care, and the feasibility of a military research team conducting the proposed research.

The "Time on Station" of military research team members, and the feasibility of accessing and recruiting the proposed sample are also considered. The military nurse scientist presents his/her findings to the SRP prior to the scoring of the proposal. During the panel discussion, the military nurse scientists advise the SRP on military-specific concerns.

Active Duty PIs:

The PI's ability to carry out the proposed research, education, research experience, content expertise, previous work in the proposed are of research, previous experience in other research areas, relevant publications, prior funding) are considered by the reviewers. The reviews evaluate the stability of the Active Duty PI's research team at the primary performance. Pertinent areas of interest include change of duty station, temporary duty, and end of time in service. Active Duty PIs should include a second military nurse at the primary performance to serve as the site's contact should the PI be away from the site for more than 3 months. Details on Active Duty key personnel must be included in the Budget Justification.

Change of Research Focus:

Investigators who have changed their area of research might lack some of the key evaluation aspects previously listed. Therefore, adequate justification should be provided in the proposal to support the PI's new direction/research area.

Applications Requiring Mentoring Plans:

The mentoring plan must contain a clear explanation of **BOTH** the mentor's and the protégé's roles and responsibilities. Include details of how the research team will evaluate the mentoring process. Retired service members must describe how they intend to develop the new investigator's involvement in the conduct of research. This information must be included in the Budget Justification.

2. Criteria Used to Evaluate Novice Investigator, 1-, 2-, and 3-Year, Graduate, and Pilot Project Awards:

a. Original, innovative, and applicable to military health care:

i. Reviewers assess originality of the nursing research problem, including whether or not new concepts, approaches, or methods are used.

ii. Reviewers assess the innovation in translation or applicability of previous

findings to answer military nursing or healthcare problems.

b. Hypothesis/research question, rationale, and research strategy:
   i. Reviewers assess strengths and weaknesses of the study's design and determine whether the research will likely reach its stated goal.
   ii. Reviewers assess the appropriateness, feasibility, and adequacy of the approach, research design, and methodology.

c. Preliminary data (if applicable).

d. Scientific relevance and potential contributions:
   i. Reviewers evaluate the potential contribution to nursing and the importance of the problem to be investigated. Reviewers also address strengths and weaknesses of these important criteria.

e. Reliability and validity of data collection instruments.

f. Qualifications of PI and research team:
   i. Reviewers evaluate the training and record of accomplishment of all investigators playing a key role in the proposal. Reviewers note the following for each key individual: name, degree(s), title, field of training or experience, publication record, ability to conduct the research, and whether or not the investigator is a student in an academic program. They also note any missing expertise required for the research.

g. Availability of appropriate resources and an environment conducive to successful completion of the project:
   i. Reviewers assess the intellectual and physical environment provided by the institution, including equipment, space, computers, library, germane facilities, ongoing research, opportunities for interaction with other knowledgeable colleagues, and military environment feasibility. The reviewers list apparent strengths and weaknesses in the environment.

h. Soundness of the proposed budget:
   i. Reviewers evaluate completeness and accuracy of the budget.
   ii. Reviewers evaluate the reasonableness of requested personnel costs, equipment, and supplies.
   iii. Reviewers may recommend budget modifications.

i. Publications:
   i. Reviewers assess the investigator(s)' peer-reviewed publication history.

j. Active Duty PIs:
   i. The PI's ability to carry out the proposed research, education, research experience, content expertise, previous work in the proposed area of research, previous experience in other research areas, relevant publications, and prior funding are considered by the reviewers.

3. Criteria Used in Evaluating Research Fellow Awards:

a. Candidate qualifications:
   i. Reviewers assess the quality of the candidate's academic record.

b. Mentor qualifications:
   i. Reviewers assess the appropriateness of the mentor's qualifications in the topic of study.
   ii. Reviewers assess the quality and extent of mentor's proposed role in providing guidance and advice to the candidate.
   iii. Reviewers assess the previous experience in fostering the development of researchers.
   iv. Reviewers assess the history of research, productivity, and support.

c. Mentoring Plan:
   i. Reviewers assess the likelihood that the career development plan will contribute substantially to the professional development of the candidate.
   ii. Reviewers assess the appropriateness of the content and duration of the proposed training.
   iii. Reviewers assess the quality of the proposed training.

d. Environment:
   i. Reviewers assess the command's support for release time for the training.
   ii. Reviewers assess the adequacy of facilities.
   iii. Reviewers assess the availability of appropriate educational opportunities.
   iv. Reviewers assess the quality and relevance of the environment for scientific and professional development of the candidate.

e. Budget:
   i. Reviewers assess the justification of the requested budget in relation to career development goals and research aims.

4. Programmatic Review

The TSNRP Advisory Council, consisting of one Active Duty and one Reserve member from each service, conducts the programmatic review. Programmatic review is both a *criteria*- and *comparison*-based process in which individual proposals are evaluated for relevance to the TSNRP portfolio.

The review scores proposals on a scale of 1–5 (in intervals of 0.1); the scoring scale is as follows:

Rating Range	Adjective
1.0–1.5	Outstanding
1.6–2.0	Excellent
2.1–2.5	Very Good
2.6–3.5	Good
3.6–5.0	Fair

Programmatic Merit Review: Council members review portions of the proposals and the outcomes of the scientific merit review. One member is selected to provide a written evaluation for each proposal; a second member also scores the proposal. During the programmatic review, the primary reviewer presents the proposal, the review, and the score to the entire panel; the secondary reviewer presents the proposal's score and justification. The entire council discusses the proposal and then agrees on a final score. Proposals that receive a zero score during the scientific review will not receive a programmatic review.

5. Criteria Used in Evaluating Novice Investigator, 1-, 2-, and 3-Year, and Pilot Project Awards:

a. Military uniqueness.

b. Operational readiness.

c. Relevance to the TSNRP portfolio; proposals are compared on this criterion.

d. Military relevance.

e. Strengths and stability of the investigative team.

f. Potential benefit of the proposed research relative to the proposed budget.

g. The investigators' military experience and both military and civilian education.

6. Criteria applicable only to previously funded PI:

a. Past performance history: Reviewers evaluate the PI's compliance with Federal, Uniformed Services University of the Health Sciences, and TSNRP requirements, such as timely submission of Institutional Review Board approval documents, progress reports, final report, and other items specified by the project's terms and conditions.

b. Dissemination efforts: Reviewers evaluate the PI's efforts at disseminating TSNRP-funded research findings, including papers and poster presentations. *TSNRP expects timely publication of findings in peer-reviewed journals.*

7. Criteria Used in Evaluating Research Fellow Awards:

a. Reviewers assess the candidate's commitment to military nursing research.

b. Significance to military nursing research: Reviewers assess the consistency of the career development plan with the candidate's career goals and prior

research experience.

i. Retain-ability.

c. Environment: Reviewers assess the command's support.

Based on programmatic review, the Advisory Council makes recommendations for funding to the Executive Board of Directors.

IX. FUNDING DECISIONS

Final determinations for funding are made by the Executive Board of Directors comprising the Chief of the Army Nurse Corps and the Directors of the Navy and Air Force Nurse Corps. Funding decisions are based upon the mission and focus areas of the TSNRP, outcomes of the scientific merit and programmatic reviews, and recommendations of the Advisory Council. Applicants should expect notification of their proposals' funding status in April (Call A) or June (Call B).

Funding decisions may not be appealed.

A. REVIEW OF GRADUATE RESEARCH AWARDS

1. Programmatic Review

a. Scientific merit.

b. Feasibility and scope of study.

c. Military relevance: timeliness of the topic.

d. Applicant's potential to develop as a nurse researcher.

   i. The student's research education to date.

   ii. Expected course work.

   iii. The availability of guidance by the student's sponsor.

   iv. Topic approval and support letter from the dissertation or thesis committee chair.

2. Funding Decision

Final determinations for funding are made by the Executive Board of Directors, based upon TSNRP's mission and focus areas and the outcomes and recommendations of the programmatic review by the Advisory Council.

Funding decisions may not be appealed.

(Graduate research awards are sometimes made for topics not identified as a TSNRP priority area. These decisions are made to support the student. Future research proposals must conform to the TSNRP priorities.)

X. ADDITIONAL INFORMATION

A. PROPOSAL TOPIC CONSULTATION

Applicants may contact service-specific Research Consultants/Specialty Leaders to discuss proposal topics or the development of a proposal topic to determine if a proposed topic would be of interest to the military services. Names and contact information of the Research Consultants/Specialty Leaders are listed in Appendix F.

B. CHANGES IN ADDRESS OR STATUS OF PRINCIPAL INVESTIGATOR

To keep records up-to-date, the PI must inform the TSNRP office and the grantee organization managing their grant of any changes in mailing address, phone number, fax number, e-mail address, military assignment, or rank. Not reporting a change in address could delay the PI's receipt of funding decision notification. Updated information can be submitted online at *www.usuhs.mil/tsnrp/site/updatecontact.shtml* or by mail to the following address:

CDR Patricia W. Kelley, NC, USN, PhD, RN, FNP, GNP, FAANP
Executive Director
TriService Nursing Research Program
Uniformed Services University
4301 Jones Bridge Road
Bethesda, MD 20814-4799

C. CHANGES IN KEY PERSONNEL, WORK EFFORT, OR JOB RESPONSIBILITIES

The PI is responsible for knowing the percentage effort and job responsibilities of all personnel associated with the research. Any changes after funding in percentage effort or job responsibilities, or the addition or removal of key personnel, require approval from TSNRP prior to the change.

D. CONTRACT VENDOR REGISTRY

Effective 1 June 1998, all applicant organizations (i.e., grantees) doing business with the DoD must be registered in the Central Contractor Registration (CCR). Through this DoD registry, the applicant organization receives a Trading Partner Identification Number (TPIN). The CCR is designed to be a single point of registration for all DoD grantees.

Any applicant organization currently representing a funded TSNRP grant should already be registered in the CCR. If this is the first time that an applicant organization is receiving DoD funding, then it may be necessary for the applicant organization to register. **The PI should ensure that the applicant organization representing the proposal is registered in the CCR**. The CCR is accessible online through *www.ccr.gov*.

Prior to executing the grant agreement, an applicant organization must have a TPIN. If an applicant organization is uncertain if it is registered or wants information on how to register, the signing official may call the TSNRP office.

E. Ethical Issues

Nurse investigators must consider many areas such as human subjects protection, scientific integrity, stewardship of funds, implications of new findings, and authorship rights when thinking of applying for a grant. Careful attention must be given to acknowledging and accurately citing work done by others, including abstracted and annotated writings. These are not always straightforward issues and require careful consideration.

Once proposals are approved for funding, they are closely monitored throughout the award period. Lack of investigational progress, evidence of misuse of funds, or other scientific misconduct are subject to review and can result in serious repercussions for the investigator and the applicant organization.

APPENDIX A

TSNRP AWARD HISTORY

Year	Total Appropriated (Millions)	Proposals Received	Proposals Funded
1992	1 M	66	8 (12%)
1993	2 M	58	22 (38%)
1994	3 M	40	24 (60%)
1995	5 M	79	23 (29%)
1996	5 M	61	29 (48%)
1997	5 M	53	30 (57%)
1998	5 M	63	27 (43%)
1999	5 M	44	19 (43%)
2000	6 M	36	19 (53%)
2001	4 M	35	11 (31%)
2002	6 M	48	18 (38%)
2003	6 M	33	15 (45%)
2004	6 M	44	20 (44%)
2005	6 M	36	15 (42%)
2006	6M	30	10 (33%)

APPENDIX B

NONPROFIT ORGANIZATIONS

Principal Investigators should directly contact non-profit organizations for their indirect cost rate and services provided.

Henry M. Jackson Foundation for the Advancement of Military Medicine
1401 Rockville Pike, Suite 600
Rockville, MD 20852-2007
Phone: 301-424-0800
Office of Sponsored Programs
http://www.hjf.org

Applicants choosing the Henry M. Jackson Foundation must obtain Guest Scientist status from the Foundation.

The Geneva Foundation
3315 South 23rd Street, Suite 209
Tacoma, WA 98405
Phone: 253-383-1398
Attn: S. Troy Christensen
Executive Director
http://www.thegenevafoundation.org

T.R.U.E. Research Foundation
8610 N. New Braunfels, Suite 705
San Antonio, TX 78217-6359
Phone: 210-829-1239
Toll Free: 888-329-1239
Attn: Terri Nakamura
Research Director
http://www.trueresearch.org

APPENDIX C

TSNRP FORMS

REVISED 7/06

Letter of Intent

I INTEND TO SUBMIT a grant application in response to the TriService Nursing Research Program **FY 2007 Call for Proposals** for (due date):_____

First Name:

Last Name:

Rank:

Service Branch:

Mailing Address:

E-mail Address:

Telephone:

Fax:

Proposal's Working Title:

Research Objectives:

Study Population/Sample:

Study Design:

Analysis Plan:

Performance Site(s):

Research Team (if known) and Roles:

Type of Award:

_____ Novice Investigator
_____ 1-year study
_____ 2-year study
_____ 3-year study
_____ Pilot Project
_____ Graduate Research
_____ Research Fellow

Applicant Organization:

TRISERVICE NURSING RESEARCH PROGRAM
GRANT APPLICATION COVER SHEET
(Please type or print)

Principal Investigator: Ames, Cherry **Rank:** COL
(Last, First, Middle initial)

Branch of Service and Component:

_X_ ARMY	__ ACTIVE	_X_ RESERVE	__ GUARD	__ RETIRED
__ NAVY	__ ACTIVE	__ RESERVE		__ RETIRED
__ AIR FORCE	__ ACTIVE	__ RESERVE	__ GUARD	__ RETIRED

HOME ADDRESS
9 Standish St
Greenwich Village, NY

Phone: 212-456-7890 **FAX: 212-567-8910**
E-mail:

MILITARY ASSIGNMENT
Position Title: Chief Nurse Researcher
Duty Station/Unit: Orthopedics
Address: Ft. Harold
Randolf Field, TX

DSN:
Commercial: 254-567-1234
FAX: 254-8901
E-mail: cherry.ames@amedd.army.mil

CIVILIAN POSITION *(if applicable)***:**
Position Title: Chief Nurse Researcher
Address: Will & Edith Ave
Hilton, IL

Phone: 217-987-0123 **FAX:** 217-987-0234
E-mail: amesc@spencer.son.edu

Preferred Contact Address/Phone/FAX/E-mail (check one)**:** _X_ Home __ Military __Civilian

Nursing Specialty (check all that apply)**:**

__ ICU _X_ Med-Surg __ OR __ Pediatric __ OB __ GYN __ Psych __ Nurs. Admin.

_X_ Community Health __ Other (specify)_____

Category of award for this application (check one)**:**
__ Novice Investigator Award
_X_ 1-Year
__ 2-Year
__ 3-Year
__ Pilot Project or Feasibility Award
__ Graduate Research Award
__ Research Fellow Award

Identify the type of research study:

_X__ Quantitative ___ Qualitative ___ Mixed

Identify the main research priority that is investigated in this proposal.
(see FY 2007 Call for Proposals Part III "Research Priorities") **Please check one item for Primary (Required) and one item for Secondary Priority Areas (if appropriate).**

Primary Research Priority Area: (Required)
___ Military Deployment
___ Developing & Sustaining Military Nursing Competencies
___ Recruitment & Retention of the Military Nurse Workforce
___ Translating Knowledge & Research Findings into Practice in a Military Context

Secondary Research Priority Area:
_X_ Military Deployment
___ Developing & Sustaining Military Nursing Competencies
___ Recruitment & Retention of the Military Nurse Workforce
___ Translating Knowledge & Research Findings into Practice in a Military Context
___ Other *(fill in)* _____

Identify 3 key words relating to the proposal. (Required)
(You MUST use the *CRISP Thesaurus* for key words. The thesaurus is on the web at: http://crisp.cit.nih.gov/Thesaurus/index.htm

1. malaria
2. emerging infectious disease
3. arthropod borne communicable disease

Study Population (check all that apply):

Active Duty	**Reserve**	**Beneficiaries**
_X_ ARMY	__ ARMY	__ Spouses
__ NAVY	__ NAVY	__ Children
__ AIR FORCE	__ AIR FORCE	__ Retiree
	__ GUARD	__ Elderly

Is this application a revision of a previously submitted application? __ Yes X__ No
Indicate the year of application and title of project:

Year	Title

Have you applied as a Principal Investigator for TSNRP support in the past? __ Yes _X_ No
Indicate the year of application, title of project, proposal number (e.g., N96-100) and whether or not project was funded. *Attach list if additional space is needed);*

Proposal Number	Title	Funded? (Yes/No)	Award amount

PIs previously funded by TSNRP must report, as attached pages, dissemination efforts related to each of their TSNRP-funded studies. For each presentation report: Presentation Title, Type (e.g., poster/podium/other), Author Name, Venue (e.g., Conference Name), Date, Location (City, State/Country). For each publication report: Type (e.g., Journal, Newsletter, Policy Paper), Author Line, Publication Title, Source Title, and Date. Provide full journal citations (if applicable), using APA format. Provide publication status (e.g., published, in review, or in press).

Have you received grant writing support from attendance at a TSNRP sponsored grant writing workshop, or the on-line course "Research and Proposal Savvy via Distance Learning (RAPPS)"? _X_ Yes __ No

Date	Method of Learning	Location (if workshop)
2003	Didactic	Spencer Hospital SON

Have you attended the Post Award Workshop provided by TSNRP? __ Yes __ No
If yes, please provide dates and location

Date	Location

How and when did you first learn of TSNRP funding opportunities?

AMSUS

TRISERVICE NURSING RESEARCH PROGRAM

RELEVANCE TO MILITARY NURSING

DIRECTIONS: In the space provided below, please state the relevance of the proposed research to military nursing and how the research will expand the body of military scientific knowledge or military nursing practice.

DO NOT EXCEED THIS SPACE.

TRISERVICE NURSING RESEARCH PROGRAM
RECOMMENDATIONS AND REVISIONS FOR FY SUBMISSION

Introduction:

This Revised proposal is submitted in response to concerns outlined by TSNRP reviewers. The applicant greatly appreciates the vital comments and hopes the recommendations are addressed adequately in this revised application. The table summarizes responses to review concerns, identifies the proposed solution(s), and references the location of the amendments.

Major Concerns from Scientific Review

REVIEWER'S SUGGESTION	CHANGES MADE	PAGES SHOWING RELEVANT CHANGES
Match aims to an analysis plan.	Aims have been modified.	A, p. 29; D p 44-49

Major Concerns from Programmatic Review

REVIEWER'S SUGGESTION	CHANGES MADE	PAGES SHOWING RELEVANT CHANGES
Rationale	Rationale has been expanded, including an explanation as to how this group may not differ from previously studied groups, but that the circumstances have changed since 10 years ago.	B, 5 p 39

Primary Reviewer's Evaluative Comments

REVIEWER'S SUGGESTION	CHANGES MADE	PAGES SHOWING RELEVANT CHANGES
Power analysis.	Power analysis has been added.	C, p 43-44

Secondary Reviewer's Evaluative Comments

REVIEWER'S SUGGESTION	CHANGES MADE	PAGES SHOWING RELEVANT CHANGES
Preliminary study does little to provide a background for the proposal.	Applicant's previous research experience and how it contributed to the development of the proposal is discussed, pilot study information added.	C, p 39-44

Military Reviewer's Evaluative Comments

REVIEWER'S SUGGESTION	CHANGES MADE	PAGES SHOWING RELEVANT CHANGES
Dissemination plan lacking.	Dissemination plan added.	E 6, p 54

APPENDIX D

PHS 398 Forms and Example

		Novice	1- & 2- & 3-Yr	Pilot	EBP	Pages
	TSNRP forms	√	√	√	√	C4–7
PHS 398	Face Page Form Page 1	√	√	√	√	D2
	Abstract & Sites Form Page 2	√	√	√	√	D3
	Key Personnel Form Page 2 con't	√	√	√	√	D4
	Table of Contents Form Page 3	√	√	√	√	D5
	Detailed Budget Initial Form Page 4	√	√	√	√	D6
	Budget for the Entire Period	√	√	√	√	D7
	Biographical Sketch	√	√	√	√	D8
	Other Support	√	√	√	√	D9
	Resources	√	√	√	√	D10
	Checklist	√	√	√	√	D11
	Personal Data	√	√	√	√	D12

Form Approved Through 09/30/2007 OMB No. 0925-0001

Department of Health and Human Services
Public Health Services

Grant Application

Do not exceed character length restrictions indicated.

LEAVE BLANK—FOR PHS USE ONLY.

Type	Activity	Number
Review Group		Formerly
Council/Board (Month, Year)		Date Received

1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*
Nursing in the Tropics

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION ☐ NO ☒ YES
(If "Yes," state number and title)
Number: N/A Title: TriService Nursing Research Program

3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR **New Investigator** ☐ **No** ☐ **Yes**

3a. NAME (Last, first, middle)
Ames, Cherry

3b. DEGREE(S)
RN MN PhD

3h. eRA Commons User Name

3c. POSITION TITLE
Chief Nurse Researcher

3d. MAILING ADDRESS *(Street, city, state, zip code)*
9 Standish St
Greenwich, NY 10001

3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT
Orthopedics

3f. MAJOR SUBDIVISION
Nursing

3g. TELEPHONE AND FAX *(Area code, number and extension)*
TEL: 212-456-7890 FAX: 212-567-8910

E-MAIL ADDRESS:
sandy.cherry.ames@amedd.army.mil

4. HUMAN SUBJECTS RESEARCH ☐ No ☒ Yes

4b. Human Subjects Assurance No.

4c. Clinical Trial ☒ No ☐ Yes

4d. NIH-defined Phase III Clinical Trial ☐ No ☐ Yes

4a. Research Exempt ☒ No ☐ Yes

If "Yes," Exemption No.

5. VERTEBRATE ANIMALS ☒ No ☐ Yes

5a. If "Yes," IACUC approval Date

5b. Animal welfare assurance no.

6. DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)*		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From	Through	7a. Direct Costs ($)	7b. Total Costs ($)	8a. Direct Costs ($)	8b. Total Costs ($)
6/1/04	5/31/06	$206,015	$311,927	$297,732	$449,950

9. APPLICANT ORGANIZATION
Name Spencer Hospital School of Nursing
Address Will & Edith Ave
Hilton, IL 60601

10. TYPE OF ORGANIZATION
Public: → ☐ Federal ☐ State ☐ Local
Private: → ☒ Private Nonprofit
For-profit: → ☐ General ☐ Small Business
☐ Woman-owned ☐ Socially and Economically Disadvantaged

11. ENTITY IDENTIFICATION NUMBER
EIN1098765
DUNS NO. 2345678 Cong. District 18

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE
Name M.R. Reanmer
Title Superintendent
Address Will & Edith Ave
Hilton, IL 60601
Tel: 217-456-9870 FAX: 217-456-5431
E-Mail: reamermr@spencer.son.edu

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION
Name Helen Wells
Title Director
Address Office of Sponsored Program
Will & Edith Ave
Hilton, IL 606601
Tel: 217-456-9870 FAX: 217-456-5431
E-Mail: wellsh@spencer.son.ed

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 13.
(In ink. "Per" signature not acceptable.)

DATE
10/23/06

Principal Investigator/Program Director (Last, First, Middle): Ames, Cherry COL

DESCRIPTION: See instructions. State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project (i.e., relevance to the **mission of the agency**). Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals.

In addition, in two or three sentences, describe in plain, lay language the relevance of this research to **public** health. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.**

PERFORMANCE SITE(S) (organization, city, state)

Principal Investigator/Program Director (Last, First, Middle): Ames, Cherry COL

KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Principal Investigator(s). List all other key personnel in alphabetical order, last name first.

Name	eRA Commons User Name	Organization	Role on Project

OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project

Human Embryonic Stem Cells ☐ **No** ☐ **Yes**

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: http://stemcells.nih.gov/registry/index.asp. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

Principal Investigator/Program Director (Last, First, Middle): Ames, Cherry COL

The name of the principal investigator/program director must be provided at the top of each printed page and each continuation page.

RESEARCH GRANT

TABLE OF CONTENTS

Principal Investigator/Program Director (Last, First, Middle): Ames, Cherry COL

DETAILED BUDGET FOR INITIAL BUDGET PERIOD
DIRECT COSTS ONLY

FROM 6/1/2007 THROUGH 5/31/2008

PERSONNEL *(Applicant organization only)*		Months Devoted to Project				DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Sum. Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Cherry Ames	Principal Investigator	12	9	3	100,310	10,031	2,387	12,418
Marjorie Baker		.6	.6		N/A	N/A	N/A	N/A
Toby Demarest	Project Director	.6	.6		N/A	N/A	N/A	N/A
Midge Fortune	RA	.6	.6		N/A	N/A	N/A	N/A
Bessie Flanders	Statistician	.6	.6		80,730	40,365	12,473	52,838
TBD		.6	.6		36,444	18,222	2,442	20,664
TBD		.3	2	1	41,472	10,368	2,934	13,302
TBD		.3	.3		49,495	1,237	350	1,587
TBD		.48	.48		58,656	2,436	689	3,125
SUBTOTALS →						82,659	21,275	103,934

CONSULTANT COSTS Dr. Lucille Ball 1 day on –site consultation	38,500
EQUIPMENT *(Itemize)* Random Zero Sphginomanometer Ambulatory BP Mon Sys monitor x Scanner	3,500
SUPPLIES *(Itemize by category)* Office Supplies and Office equipment -filing cabinet	4,650
TRAVEL Consultant Travel	39,100
PATIENT CARE COSTS — INPATIENT	
PATIENT CARE COSTS — OUTPATIENT	
ALTERATIONS AND RENOVATIONS *(Itemize by category)*	
OTHER EXPENSES *(Itemize by category)* Duplicating costs Telephone line for Downloading Data Postage Advertising for personnel hiring (Research Assistant)	13,013
CONSORTIUM/CONTRACTUAL COSTS — DIRECT COSTS	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)*	$ 205,643
CONSORTIUM/CONTRACTUAL COSTS — FACILITIES AND ADMINISTRATIVE COSTS	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD	$ 205,643

Principal Investigator/Program Director (Last, First, Middle): Ames, Cherry COL

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY

BUDGET CATEGORY TOTALS		INITIAL BUDGET PERIOD *(from Form Page 4)*	ADDITIONAL YEARS OF SUPPORT REQUESTED			
			2nd	3rd	4th	5th
PERSONNEL: *Salary and fringe benefits. Applicant organization only.*		103,934	44,466			
CONSULTANT COSTS		38,500	23,900			
EQUIPMENT		3,500				
SUPPLIES		4,650	500			
TRAVEL		39,100	11,760			
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS						
OTHER EXPENSES		15,959	10,851			
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT					
SUBTOTAL DIRECT COSTS *(Sum = Item 8a, Face Page)*		205,643	91,477			
CONSORTIUM/ CONTRACTUAL COSTS	F&A					
TOTAL DIRECT COSTS		205,643	91,477			

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD **$** 297,120

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE
eRA COMMONS USER NAME	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY

Please refer to the application instructions in order to complete sections A, B, and C of the Biographical Sketch.

For New and Competing Applications (PHS 398) – DO NOT SUBMIT UNLESS REQUESTED
For Non-competing Progress Reports (PHS 2590) – Submit only Active Support for Key Personnel

PHS 398/2590 OTHER SUPPORT

Provide active support for all key personnel. **Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards.** Training awards, prizes, or gifts do not need to be included.

There is no "form page" for other support. Information on other support should be provided in the *format* shown below, using continuation pages as necessary. ***Include the principal investigator's name at the top and number consecutively with the rest of the application.*** The sample below is intended to provide guidance regarding the type and extent of information requested.
For instructions and information pertaining to the use of and policy for other support, see Other Support in the PHS 398 Part III, Policies, Assurances, Definitions, and Other Information.
Note effort devoted to projects must now be measured using person months. Indicate calendar, academic, and/or summer months associated with each project.

Format

NAME OF INDIVIDUAL
ACTIVE/PENDING

Project Number (Principal Investigator) Source Title of Project *(or Subproject)* The major goals of this project are…	Dates of Approved/Proposed Project Annual Direct Costs	Person Months (Cal/Academic/ Summer)

OVERLAP *(summarized for each individual)*

Principal Investigator/Program Director (Last, First, Middle): Ames, Cherry COL

RESOURCES

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. If research involving Select Agent(s) will occur at any performance site(s), the biocontainment resources available at each site should be described. Under "Other," identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

Principal Investigator/Program Director (last, First, Middle): Ames, Cherry COL

CHECKLIST

TYPE OF APPLICATION (*Check all that apply.)*

☒ NEW application. *(This application is being submitted to the PHS for the first time.)*

☐ REVISION/RESUBMISSION of application number: _____

(This application replaces a prior unfunded version of a new, competing continuation/renewal, or supplemental/revision application.)

☐ COMPETING CONTINUATION/RENEWAL of grant number: _____

(This application is to extend a funded grant beyond its current project period.)

INVENTIONS AND PATENTS *(Competing continuation/renewal appl. only)*

☐ No ☐ Previously reported

☐ Yes. If "Yes," ☐ Not previously reported

☐ SUPPLEMENT/REVISION to grant number: _____

(This application is for additional funds to supplement a currently funded grant.)

☐ CHANGE of principal investigator/program director.

Name of former principal investigator/program director: _____

☐ CHANGE of Grantee Institution. Name of former institution: _____

☐ FOREIGN application ☐ Domestic Grant with foreign involvement List Country(ies) Involved:

1. PROGRAM INCOME *(See instructions.)*

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)
N/A	0	N/A

2. ASSURANCES/CERTIFICATIONS *(See instructions.)*

In signing the application Face Page, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided in Part III. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

•Human Subjects Research •Research Using Human Embryonic Stem Cells •Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy •Vertebrate Animals• •Debarment and Suspension •Drug- Free Workplace *(applicable to new [Type 1] or revised/resubmission [Type 1] applications only)* •Lobbying •Non-Delinquency on Federal Debt •Research Misconduct •Civil Rights (Form HHS 441 or HHS 690) •Handicapped Individuals (Form HHS 641 or HHS 690) •Sex Discrimination (Form HHS 639-A or HHS 690) •Age Discrimination (Form HHS 680 or HHS 690) •Recombinant DNA Research, Including Human Gene Transfer Research •Financial Conflict of Interest •Smoke Free Workplace •Prohibited Research •Select Agent Research •PI Assurance

3. FACILITIES AND ADMINSTRATIVE COSTS (F&A)/ INDIRECT COSTS. See specific instructions.

☐ DHHS Agreement dated: _____ ☐ No Facilities And Administrative Costs Requested.

☐ DHHS Agreement being negotiated with _____ Regional Office.

☒ No DHHS Agreement, but rate established with USUHS Date 1/29/02

CALCULATION* *(The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)*

a. Initial budget period:	Amount of base $	190,459	x Rate applied	56.0	% = F&A costs	$	106,657
b. 02 year	Amount of base $	82,451	x Rate applied	56.0	% = F&A costs	$	46,173
c. 03 year	Amount of base $		x Rate applied		% = F&A costs	$	
d. 04 year	Amount of base $		x Rate applied		% = F&A costs	$	
e. 05 year	Amount of base $		x Rate applied		% = F&A costs	$	
					TOTAL F&A Costs	$	152,829

*Check appropriate box(es):

☐ Salary and wages base ☐ Modified total direct cost base ☒ Other base *(Explain)*

☐ Off-site, other special rate, or more than one rate involved *(Explain)*

Explanation *(Attach separate sheet, if necessary.):*

Principal Investigator/Program Director (Last, First, Middle): Ames, Cherry COL

Place this form at the end of the signed original copy of the application.
Do not duplicate.

PERSONAL DATA ON
PRINCIPAL INVESTIGATOR(S)/PROGRAM DIRECTOR(S)

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator(s)/program director(s).

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. When multiple PIs/PDs are proposed, complete a form for each. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)." The PHS requests the last four digits of the Social Security Number for accurate identification, referral, and review of applications and for management of PHS grant programs. Although the provision of this portion of the Social Security Number is voluntary, providing this information may improve both the accuracy and speed of processing the application. Please be aware that no individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose this section of the Social Security Number. The PHS requests the last four digits of the Social Security Number under Sections 301(a) and 487 of the PHS Acts as amended (42 U.S.C 241a and U.S.C. 288). All analyses conducted on the date of birth, gender, race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. If you decline to provide this information, it will in no way affect consideration of your application. Your cooperation will be appreciated.

DATE OF BIRTH (*MM/DD/YY*)	SEX/GENDER
SOCIAL SECURITY NUMBER (last 4 digits only) XXX-XX-	☐ Female ☐ Male

ETHNICITY

1. Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

☐ **Hispanic or Latino**

☐ **Not Hispanic or Latino**

RACE

2. What race do you consider yourself to be? Select one or more of the following.

☐ ***American Indian or Alaska Native.*** A person having origins in any of the original peoples of North, Central, **or** South America, and who maintains tribal affiliation or community attachment.

☐ ***Asian.*** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian **subcontinent**, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)

☐ ***Black or African American.*** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or African American."

☐ ***Native Hawaiian or Other Pacific Islander.*** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or **other** Pacific Islands.

☐ ***White.*** A **person** having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Check here if you do not wish to provide some or all of the above information.

APPENDIX E
Forms for
Fellowship Award
PHS 416-1 and PHS 398 Combinations

		Fellowship	Pages
	TSNRP forms	√	C4–7
PHS 398	Face Page Form Page 1	√	E-2
	Detailed Budget Initial Form Page 4	√	E-8
	Budget for the Entire Period	√	E-9
	Checklist	√	E-10
	Personal Data	√	E-11
PHS 416-1	Sponsorship & Co-Sponsor Contact Form Page 2	√	E-3
	Goals for Training Form Page 3	√	E-4
	TOC Form Page 4	√	E-5
	Applicant Bio Sketch Format Page	√	E-6
	Previous Research Exper From Page 5	√	E-7
	Sponsor/Co-Sponsor Bio Sketch Format Page	√	E-12
	Reference Page	√	E-13–15

Form Approved Through 09/30/2007 OMB No. 0925-0001

Department of Health and Human Services
Public Health Services

Grant Application

Do not exceed character length restrictions indicated.

LEAVE BLANK—FOR PHS USE ONLY.

Type	Activity	Number
Review Group		Formerly
Council/Board (Month, Year)		Date Received

1. TITLE OF PROJECT *(Do not exceed 81 characters, including spaces and punctuation.)*

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION ☐ NO ☐ YES
(If "Yes," state number and title)
Number: Title:

3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR **New Investigator** ☐ **No** ☐ **Yes**

3a. NAME (Last, first, middle)

3b. DEGREE(S)

3h. eRA Commons User Name

3c. POSITION TITLE

3d. MAILING ADDRESS *(Street, city, state, zip code)*

3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

3f. MAJOR SUBDIVISION

3g. TELEPHONE AND FAX *(Area code, number and extension)*
TEL: FAX:

E-MAIL ADDRESS:

4. HUMAN SUBJECTS RESEARCH ☐ No ☐ Yes

4b. Human Subjects Assurance No.

4c. Clinical Trial ☐ No ☐ Yes

4d. NIH-defined Phase III Clinical Trial ☐ No ☐ Yes

4a. Research Exempt ☐ No ☐ Yes

If "Yes," Exemption No.

5. VERTEBRATE ANIMALS ☐ No ☐ Yes

5a. If "Yes," IACUC approval Date

5b. Animal welfare assurance no.

6. DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)*		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
From	Through	7a. Direct Costs ($)	7b. Total Costs ($)	8a. Direct Costs ($)	8b. Total Costs ($)

9. APPLICANT ORGANIZATION
Name
Address

10. TYPE OF ORGANIZATION
Public: → ☐ Federal ☐ State ☐ Local
Private: → ☐ Private Nonprofit
For-profit: → ☐ General ☐ Small Business
☐ Woman-owned ☐ Socially and Economically Disadvantaged

11. ENTITY IDENTIFICATION NUMBER
DUNS NO. Cong. District

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE
Name
Title
Address
Tel: FAX:
E-Mail:

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION
Name
Title
Address
Tel: FAX:
E-Mail:

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 13.
(In ink. "Per" signature not acceptable.)

DATE

TSNRP Individual Fellowship Application *(To be completed by applicant – follow PHS 416-1 instructions)*	NAME OF APPLICANT *(Last, first, middle initial)*

SPONSOR and Co-Sponsor Information	
17. SPONSOR	18. Co-SPONSOR *(When applicable*)
17a. NAME AND DEGREE(S)	NAME AND DEGREE(S)
17b. ERA COMMONS USER NAME	ERA COMMONS USER NAME
17c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT	
17d. MAJOR SUBDIVISION	
17e. Address: Telephone: Fax: E-Mail:	Address: Telephone: Fax: E-Mail:

RESEARCH PROPOSAL

19. DESCRIPTION: See instructions. State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project (i.e., relevance to the **mission of the agency**). Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals.

In addition, in two or three sentences, describe in plain, lay language the relevance of this research to **public** health. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.**

TSNRP Individual Fellowship Application *(To be completed by applicant – follow PHS 416-1 instructions)*	NAME OF APPLICANT *(Last, first, middle initial)*

20. GOALS FOR TSNRP FELLOWSHIP TRAINING AND CAREER

21. ACTIVITIES PLANNED UNDER THIS AWARD: Approximate percentage of proposed award time in activities identified below. *(See instructions.)*

Year	Research	Course Work	Teaching	Clinical
First				
Second				
Third				
PREDOCTORAL FELLOWSHIPS ONLY				
Fourth				
Fifth				
/PhD FELLOWSHIPS ONLY				
Sixth				

Briefly explain activities other than research and relate them to the proposed research training.

22. TRAINING SITE(S) (organization, city, state)

23. HUMAN EMBRYONIC STEM CELLS ☐ No ☐ Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: http://stemcells.nih.gov/registry/index.asp. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

TSNRP Individual Fellowship Application

Table of Contents

NAME OF APPLICANT *(Last, first, middle initial)*

Page Numbers
(Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 6a, 6b.)

APPLICANT/FELLOW BIOGRAPHICAL SKETCH

USE ONLY FOR INDIVIDUAL PREDOCTORAL and POSTDOCTORAL FELLOWSHIPS. DO NOT EXCEED FOUR PAGES.

NAME OF APPLICANT/FELLOW	POSITION TITLE
eRA COMMONS USER NAME	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY

A. Positions and Honors

ACTIVITY/OCCUPATION	BEGINNING DATE (mm/yy)	ENDING DATE (mm/yy)	FIELD	INSTITUTION/COMPANY	SUPERVISOR/ EMPLOYER

Academic and Professional Honors

B. Publications

C. Scholastic Performance

SCIENCE			**OTHER**		
YEAR	COURSE TITLE	GRADE	YEAR	COURSE TITLE	GRADE

TSNRP Individual Fellowship Application

Previous Research Experience

(To be completed by applicant – follow PHS 416-1 instructions.)

NAME OF APPLICANT (Last, first, middle initial)

24. PRIOR AND CURRENT KIRSCHSTEIN–NRSA SUPPORT. List type (individual and/or institutional), level (predoctoral or postdoctoral), dates, and grant or award numbers.

25. APPLICATION(S) FOR CONCURRENT SUPPORT

☐ NO ☐ YES Using format below, list all support (training, research, supplies, travel, etc.) applied for that would run concurrently with the period covered by this application. Include the type, dates, source, and amount.

Type:	Dates:
Source:	Amount:
Type:	Dates:
Source:	Amount:
Type:	Dates:
Source:	Amount:

26a. TITLE(S) OF THESIS/DISSERTATION(S) (Predoctoral and Senior Fellowships omit this section.)

26b. NAME OF DISSERTATION ADVISOR OR CHIEF OF SERVICE (*If reference report not included, explain why not.)*	TITLE, DEPARTMENT, AND INSTITUTION

27. DOCTORAL DISSERTATION AND OTHER RESEARCH EXPERIENCE
(See Instructions. Predoctoral and Senior Fellowships omit this section. Use continuation pages. Do not exceed two pages.)

Principal Investigator/Program Director (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD
DIRECT COSTS ONLY

FROM | THROUGH

PERSONNEL *(Applicant organization only)*		Months Devoted to Project				DOLLAR AMOUNT REQUESTED *(omit cents)*		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Sum. Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator							
SUBTOTALS →								

CONSULTANT COSTS		
EQUIPMENT *(Itemize)*		
SUPPLIES *(Itemize by category)*		
TRAVEL		
PATIENT CARE COSTS	INPATIENT	
	OUTPATIENT	
ALTERATIONS AND RENOVATIONS *(Itemize by category)*		
OTHER EXPENSES *(Itemize by category)*		

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)*		**$**
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		**$**

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY

BUDGET CATEGORY TOTALS		INITIAL BUDGET PERIOD *(from Form Page 4)*	ADDITIONAL YEARS OF SUPPORT REQUESTED			
			2nd	3rd	4th	5th
PERSONNEL: *Salary and fringe benefits. Applicant organization only*.						
CONSULTANT COSTS						
EQUIPMENT						
SUPPLIES						
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS						
OTHER EXPENSES						
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT					
SUBTOTAL DIRECT COSTS *(Sum = Item 8a, Face Page)*						
CONSORTIUM/ CONTRACTUAL COSTS	F&A					
TOTAL DIRECT COSTS						

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD **$**

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

Principal Investigator/Program Director (last, First, Middle):

CHECKLIST

TYPE OF APPLICATION *(Check all that apply.)*

☐ NEW application. *(This application is being submitted to the PHS for the first time.)*

☐ REVISION/RESUBMISSION of application number: _____

(This application replaces a prior unfunded version of a new, competing continuation/renewal, or supplemental/revision application.)

☐ COMPETING CONTINUATION/RENEWAL of grant number: _____

(This application is to extend a funded grant beyond its current project period.)

INVENTIONS AND PATENTS *(Competing continuation/renewal appl. only)*

☐ No ☐ Previously reported

☐ Yes. If "Yes," ☐ Not previously reported

☐ SUPPLEMENT/REVISION to grant number: _____

(This application is for additional funds to supplement a currently funded grant.)

☐ CHANGE of principal investigator/program director.

Name of former principal investigator/program director: _____

☐ CHANGE of Grantee Institution. Name of former institution: _____

☐ FOREIGN application ☐ Domestic Grant with foreign involvement List Country(ies) Involved:

1. PROGRAM INCOME ***(See instructions.)***

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS ***(See instructions.)***

In signing the application Face Page, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided in Part III. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

•Human Subjects Research •Research Using Human Embryonic Stem Cells •Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy •Vertebrate Animals• •Debarment and Suspension •Drug- Free Workplace *(applicable to new [Type 1] or revised/resubmission [Type 1] applications only)* •Lobbying •Non-Delinquency on Federal Debt •Research Misconduct •Civil Rights (Form HHS 441 or HHS 690) •Handicapped Individuals (Form HHS 641 or HHS 690) •Sex Discrimination (Form HHS 639-A or HHS 690) •Age Discrimination (Form HHS 680 or HHS 690) •Recombinant DNA Research, Including Human Gene Transfer Research •Financial Conflict of Interest •Smoke Free Workplace •Prohibited Research •Select Agent Research •PI Assurance

3. FACILITIES AND ADMINSTRATIVE COSTS (F&A)/ INDIRECT COSTS. See specific instructions.

☐ DHHS Agreement dated: _____ ☐ No Facilities And Administrative Costs Requested.

☐ DHHS Agreement being negotiated with _____ Regional Office.

☒ No DHHS Agreement, but rate established with _____ Date _____

CALCULATION* *(The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)*

a. Initial budget period:	Amount of base $		x Rate applied		% = F&A costs	$	
b. 02 year	Amount of base $		x Rate applied		% = F&A costs	$	
c. 03 year	Amount of base $		x Rate applied		% = F&A costs	$	
d. 04 year	Amount of base $		x Rate applied		% = F&A costs	$	
e. 05 year	Amount of base $		x Rate applied		% = F&A costs	$	
					TOTAL F&A Costs	$	

*Check appropriate box(es):

☐ Salary and wages base ☐ Modified total direct cost base ☒ Other base *(Explain)*

☐ Off-site, other special rate, or more than one rate involved *(Explain)*

Explanation *(Attach separate sheet, if necessary.):*

Principal Investigator/Program Director (Last, First, Middle):

Place this form at the end of the signed original copy of the application.
Do not duplicate.

PERSONAL DATA ON
PRINCIPAL INVESTIGATOR(S)/PROGRAM DIRECTOR(S)

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator(s)/program director(s).

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. When multiple PIs/PDs are proposed, complete a form for each. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)." The PHS requests the last four digits of the Social Security Number for accurate identification, referral, and review of applications and for management of PHS grant programs. Although the provision of this portion of the Social Security Number is voluntary, providing this information may improve both the accuracy and speed of processing the application. Please be aware that no individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose this section of the Social Security Number. The PHS requests the last four digits of the Social Security Number under Sections 301(a) and 487 of the PHS Acts as amended (42 U.S.C 241a and U.S.C. 288). All analyses conducted on the date of birth, gender, race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. If you decline to provide this information, it will in no way affect consideration of your application. Your cooperation will be appreciated.

DATE OF BIRTH (*MM/DD/YY*)	SEX/GENDER
SOCIAL SECURITY NUMBER (last 4 digits only) XXX-XX-	☐ Female ☐ Male

ETHNICITY

1. Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

☐ **Hispanic or Latino**

☐ **Not Hispanic or Latino**

RACE

2. What race do you consider yourself to be? Select one or more of the following.

☐ ***American Indian or Alaska Native.*** A person having origins in any of the original peoples of North, Central, **or** South America, and who maintains tribal affiliation or community attachment.

☐ ***Asian.*** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian **subcontinent**, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)

☐ ***Black or African American.*** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or African American."

☐ ***Native Hawaiian or Other Pacific Islander.*** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or **other** Pacific Islands.

☐ ***White.*** A **person** having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Check here if you do not wish to provide some or all of the above information.

SPONSOR/CO-SPONSOR BIOGRAPHICAL SKETCH

Provide the following information for the sponsor (co-sponsor). **DO NOT EXCEED FOUR PAGES.**

NAME OF SPONSOR (CO-SPONSOR)	POSITION TITLE
eRA COMMONS USER NAME	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY

Applicant's Instructions for Submission of References

This notice explains the submission of references for TriService Nursing Research Program Award Individual Fellowship applicants. Applications will not be reviewed unless at least three (3) references are received with the application. Applicants are responsible for complete applications reaching the TSNRP on schedule.

Submission Process

Forward reference forms to referees with sufficient lead time so that the completed forms will be part of the application package. Fill out upper right corner before forwarding to referee. Referees should be provided with postage-paid return envelopes addressed to you with the following words in the front bottom left corner — DO NOT OPEN—PHS USE ONLY. Attach unopened references to the front of the original application and submit the entire package by the submission deadline.

Note to Respondent

The applicant is applying for a competitive TriService Nursing Research Program Individual Fellowship Award for research training in health-related areas. Your assessment of the applicant's potential for a research career is requested.

At least three references must be submitted with the application or the application will be returned. ***Please complete this form and return it to the applicant in sufficient time for the applicant to meet the deadline date.***

Complete the form in English. The form should be typed if possible. If any part of the form is handwritten, use a black pen. The color blue does not reproduce. If the space provided is inadequate, use an 8-1/2 x 11" sheet of paper and put the applicant's name in the upper right corner.

Although the Privacy Act of 1974 allows NSRA applicants to have access to personal information contained in their records, we have asked the applicant to provide you with a self-addressed envelope with — *DO NOT OPEN—PHS USE ONLY* — in the front bottom left corner. Applicants are asked not to open the references in order to protect the confidentiality of the process. Thank you for your assistance.

PHS estimates that it will take 45 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspects of the collection of information, including suggestions for reducing this burden, send comments to NIH Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20892-7974, Attention: PRA (0925-0002). ***DO NOT RETURN THE COMPLETED FORM TO THIS ADDRESS*.**

Form Approved Through 10/31/08 OMB No. 0925-0002

Department of Health and Human Services

Reference

TriService Nursing Research Program Individual Fellowship

(Applicant completes this block.)

NAME OF APPLICANT *(Last, first, middle initial)*

PROPOSED SPONSORING INSTITUTION

Compare the applicant with other individuals of similar training and experience with whom you have been associated. Use the following numerical scores, from 1 (best) to 5 (poorest). Mark every block; insert "X" if insufficient knowledge to rate and "NA" if not applicable.

1 Comparable to the best individual in a current class or research laboratory (upper 5%)
2 Upper 6 to 20%
3 Upper 21 to 40%
4 Middle 41 to 60%
5 Lower 40%

Use black ink.

- ☐ Research Ability and Potential
- ☐ Written and Verbal Communications
- ☐ Perseverance in Pursuing Goals
- ☐ Self-Reliance and Independence
- ☐ Clinical Proficiency, if relevant
- ☐ Laboratory Skills and Techniques, if relevant
- ☐ Originality
- ☐ Accuracy
- ☐ Scientific Background
- ☐ Familiarity with Research Literature
- ☐ Ability to Organize Scientific Data

Describe your association with the applicant. Comment on the above items, including other areas as appropriate, identifying the strengths and weaknesses that should be considered in evaluating the applicant's potential for a research career. *(Use continuation pages as necessary.)*

DATES ASSOCIATED WITH APPLICANT	CAPACITY AT THAT TIME *(Teacher, dissertation advisor, supervisor, or other) (Use continuation pages as necessary.)*

RESPONDENT *(Name, title, department, and institution)*

TELEPHONE NUMBER	SIGNATURE	DATE

APPENDIX F

Graduate Research Awards

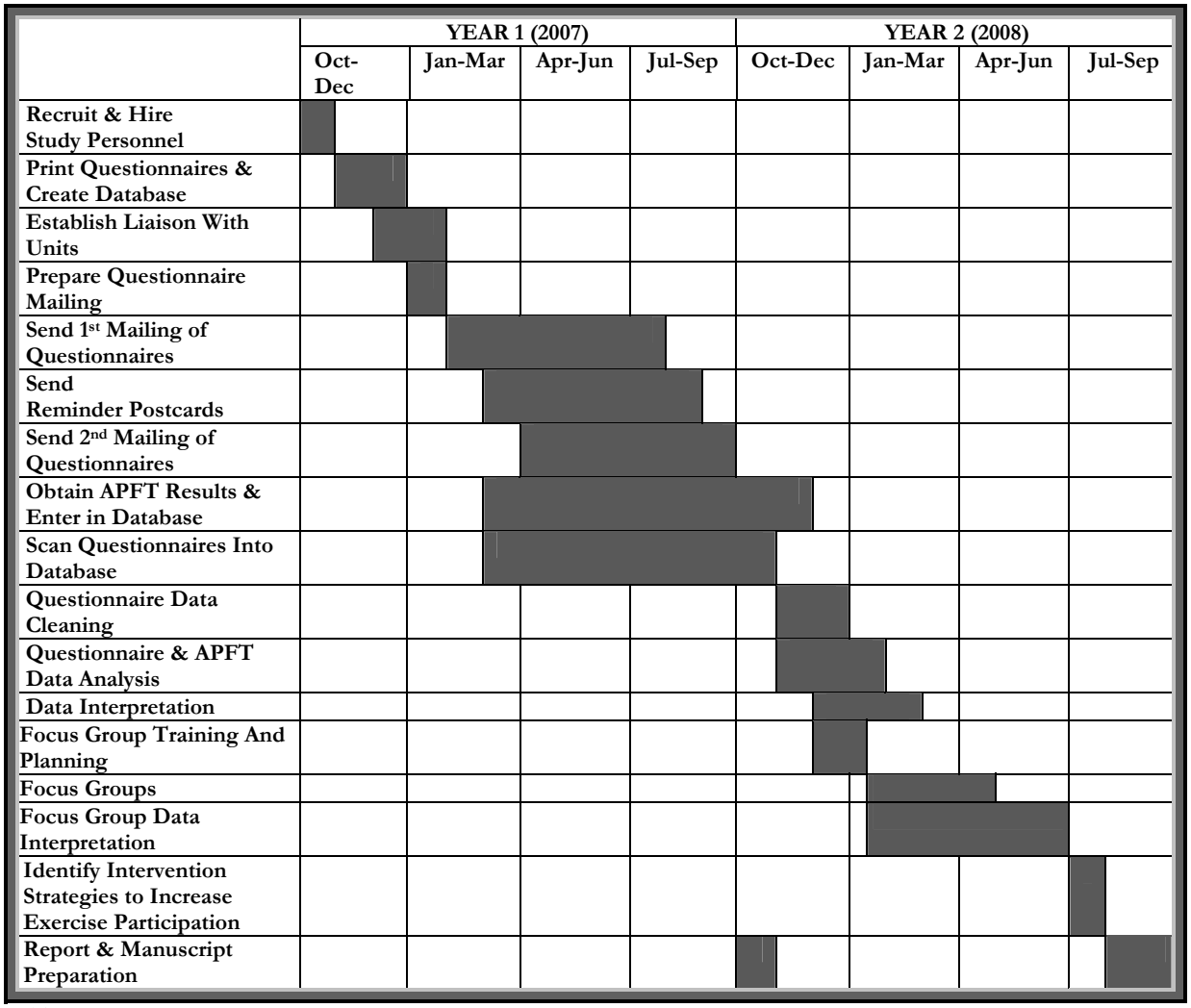
Forms needed

		Fellowship	Pages
	TSNRP forms	√	C4–7
PHS 398	Face Page Form Page 1	√	D-2
	Abstract & Sites Form Page 2	√	D-3
	Key Personnel Form Page 2 con't	√	D-4
	Table of Contents Form	√	D-5
	Detailed Budget Initial Form Page 4	√	D-6
	Budget for the Entire Period	√	D-7
	Biographical Sketch	√	D-8
	Other Support Resources	√	D-9
	Resources	√	D-10
	Checklist	√	D-11
	Personal Data		D-12
PHS 416-1	Sponsorship & Co-Sponsor Contact Form Page 2	√	E-12
	Applicant Bio Sketch Format Page	√	E-6
	Previous Research Exper From Page 5	√	E-7

APPENDIX G

SAMPLE TIMELINE

The sample below was created for a study employing survey and focus group methodology. Investigators should create timelines that are **specific to the proposed research. Be sure to identify the calendar year in addition to the study year.**



Timeline provided courtesy of COL Laura R. Brosch, ANC

APPENDIX H

SELECTED REFERENCES

Application Instructions

U.S. Department of Health and Human Services Grant Application (PHS 398) Instructions
http://grants.nih.gov/grants/funding/phs398/phs398.html

Application for Individual Fellowship
http://grants.nih.gov/grants/funding/416/phs416.htm

Evidenced-based Practice

Cook, D. (1998). Evidence-based critical care medicine: A potential tool for change. *New Horizon, 6*(1), 20-25.

Duong, D. & Kelley, P. (2002). Research to practice in the military health care system. TSNRP grant N02-P18.

Nieva, V., Murphy, R., Ridley, N., Donaldson, N., Combers, J., Mitchell, P., et al. (2005). From science to service: A framework for the transfer of patient safety research into practice. In *Advances in patient safety: From research to implementation* (vol. 2, pp. 441-453). Rockville, MD: Agency for Healthcare Research and Quality.

Sackett, K. L., Straus, S. E., Richardson, W. S., Rosenberg, W., & Haynes, R. B. (2000). *Evidence-based medicine; how to practice and teach EBM*. London: Churchill Livingstone.

Titler, M. G. (2006). Developing and evidence-based practice (6th ed). St Louis, MO: Mosby, Inc.

Human Subjects Protection

DoD Directive 3216.2
Protection of human subjects and adherence to ethical standards in DoD supported research.
http://www.dtic.mil/whs/directives/corres/pdf/d32162_032502/d32162p.pdf

DoD Directive 6000.8
Funding and administration of clinical investigation programs.
http://www.dtic.mil/whs/directives/corres/pdf/d60008_110399/d60008p.pdf

DoD Instruction 1100.13
Surveys of DoD personnel.
http://www.dtic.mil/whs/directives/corres/pdf/i110013_112196/i110013p.pdf

Title 21 Code of Federal Regulations (CFR) 50
Protection of Human Subjects.
http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title21/21cfr50_main_02.tpl

Title 21 Code of Federal Regulations (CFR) 56
Institutional Review Boards.
http://www.access.gpo.gov/nara/cfr/waisidx_00/21cfr56_00.html

Title 21 Code of Federal Regulations (CFR) 312
Investigational New Drug Application
http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title21/21cfr312_main_02.tpl

Title 21 Code of Federal Regulations (CFR) 314

Applications for FDA Approval to Market a New Drug.
http://www.gpo.gov/nara/cfr/waisidx_02/21cfr314_02.html

Title 32 CFR 219
Human Subjects Protection.
http://www.gpo.gov/nara/cfr/waisidx_00/32cfr219_00.html

Title 45 CFR 46, Subparts A, B, C, and D
Protection of Human Subjects.
http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm

Title 5 U.S. Code 5536
Extra Pay for Extra Services Prohibited.
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+5USC5536

Title 10 U.S. Code 980
Limitations on Use of Humans as Experimental Subjects.
http://www.law.cornell.edu/uscode/html/uscode10/usc_sec_10_00000980----000-.html

Title 24 U.S. Code 30
Payment to Donors of Blood for Persons Undergoing Treatment at Government Expense.
http://www.law.cornell.edu/uscode/html/uscode24/usc_sec_24_00000030----000-.html

Health Affairs Policy 97-033
Policy for External Peer Review for Defense Health Program Extramural Medical Research involving Human Subjects.
http://www.ha.osd.mil/policies/1997/peer9733.html

U.S. Army Regulations
AR 40-38
Clinical Investigation Programs.
http://www.army.mil/usapa/epubs/pdf/r40_38.pdf

AR 70-25
Use of Volunteers as Subjects of Research.
http://www.army.mil/usapa/epubs/pdf/r70_25.pdf

U.S. Navy Regulations
SECNAV INST 3900.39C, 25 Feb 2002
Protection of Human Subjects.
http://neds.daps.dla.mil/directives/3900%5F39c.pdf

U.S. Air Force Regulations:
AFI 40-402, 5 May 2005
Clinical Investigation and Human Test Subjects in the Medical Service.
http://www.e-publishing.af.mil/pubfiles/af/40/afi40-402/afi40-402.pdf

Non-Human Animal Subjects

NIH
Office of Laboratory Animal Welfare.
http://grants.nih.gov/grants/olaw/olaw.htm

DoD Directive 3216.1
The Use of Animals in DoD Programs.
http://www.dtic.mil/whs/directives/corres/pdf/d32161_041795/d32161p.pdf

Title 9 CFR, Chapter 1, Subchapter A (Animal Welfare), Parts 1–4
Animal And Plant Health Inspection Service, Department Of Agriculture.
http://www.access.gpo.gov/nara/cfr/waisidx_00/9cfrv1_00.html

Access these documents online through **http://www.usuhs.mil/tsnrp/links/**

APPENDIX I

RESEARCH CONSULTANTS/SPECIALTY LEADERS

ARMY

COL Stacey Young-McCaughan, USA, AN
Chief, Department of Clinical Investigations &
Consultant to the Surgeon General for Nursing Research
Brooke Army Medical Center
E-mail: Stacey.young-mccaughan@ amedd.army.mil

NAVY

CDR Patricia W. Kelley, NC USN
Executive Director, TSNRP
USUHS
4301 Jones Bridge Road
Bethesda, Maryland 20814
E-mail: pakelley@usuhs.mil

AIR FORCE

Col John Murray, USAF, NC
Consultant to the Surgeon General
Director, NCR BRAC Integration, 79th Medical Wing
Andrews Air Force Base, MD 20762-6600
E-mail: John.Murray3@andrews.af.mil

APPENDIX J

U.S. DEPARTMENT OF DEFENSE

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES (USU)

General Terms and Conditions for Assistance Awards

TABLE OF CONTENTS

ARTICLES

U.S. DEPARTMENT OF DEFENSE
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES (USU)

General Terms and Conditions for Assistance Awards

Article 1. Background

Public Law 92-426, the Uniformed Services Health Professions Revitalization Act of 1972, authorized the establishment of a Uniformed Services University of the Health Sciences (hereinafter referred to as the Granting Agency or USU).

10 U.S.C. 2113 (j)(1)(A) provides authority for the Secretary of Defense to enter into contracts with, accept grants from, and make grants to the Henry M. Jackson Foundation for the Advancement of Military Medicine […] or any other nonprofit entity, for the purpose of carrying out cooperative enterprises in medical research, medical consultation, and medical education (hereinafter referred to as the Grantee).

DoD Directive 5105.45 (March 9, 2000) "Uniformed Services University of the Health Sciences," authorizes the Assistant Secretary of Defense (Health Affairs) to exercise the authority granted to the Secretary of Defense in 10 U.S.C. 2113 (j)(1)(A). This authority has been further delegated to the President of USUHS, and to the USUHS Vice President for Resources Management, by DoD Directive 3210.6-R (September 22, 2005) "DoD Grant and Agreement Regulations," under 32 CFR 21.210 (b).

Article 2. Administrative Requirements, Cost Principles and Other Authorities

The following administrative requirements, cost principles and other authorities, as applicable, are effective the earlier of (i) the start date of this award or (ii) the date on which the Grantee is authorized to incur costs to be assessed on the award, and are incorporated as part of the grant agreement by reference:

I. Administrative Requirements

A. "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-profit Organizations" (2 CFR §215 - OMB Circular A-110)
B. "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments" (OMB Circular A-102)

II. Cost Principles

A. "Cost Principles for Educational Institutions" (OMB Circular A-21)
B. "Cost Principles for State and Local Governments" (OMB Circular A-87)
C. "Cost Principles for Non-profit Organizations" (OMB Circular A-122); and "Audits of Institutions of Higher Learning and Other Non-Profit Institutions" (OMB Circular A-133)

III. Other Authorities

A. Department of Defense Grant and Agreement Regulations (DODGAR) 3210.6-R
B. Federal Acquisition Regulation, Part 31.2 for Commercial Organizations

Article 3. Grantee Responsibility

The Grantee is responsible for the conduct of the research and will exercise appropriate judgment towards attaining the stated research goals and objectives within the terms and conditions of the grant agreement, to include these general terms and conditions.

The Principal Investigator/Program Manager(s), specified in this agreement, will be continuously responsible for the conduct of the research project and will be closely involved with all investigators approved to lead the research effort at all performance sites.

Article 4. Prior Approvals and Other Authorizations

A. Prior Approvals. All prior approvals required by the OMB Circulars A-21, A-87, A-102, 2 CFR §215 - OMB Circular A-110, A-122, and A-133 are waived except the following:

Change in Scope: Prior approval is required for changes in scope, direction, or other areas that constitute a significant change from the aims, objectives, or purposes of the approved project.

Change in Key/Essential Personnel: Prior approval is required if the Principal Investigator (PI) or other key person named in the grant agreement will withdraw from the project entirely, be absent from the project during any continuous period of 3 months or more, or reduce his or her time devoted to the project by 25 or more percent from the level approved at the time of award. USU must approve any alternative arrangement, including any replacement PI or other key person proposed by the Grantee. The request for approval of a substitute PI/key person should include a justification for the change, the biographical sketch of the individual proposed, other sources of support, and any budget changes resulting from the proposed change. If the arrangement proposed by the Grantee, including the qualifications of any proposed replacement, is not acceptable to USU, the Grantee must provide an acceptable proposal to avoid suspension and/or termination.

Transfer of Funds: Prior approval is required for the transfer of funds budgeted for indirect costs to absorb increases in direct costs, or vice versa; transfer of funds between two types of work; transfer of funds allotted for training allowances (direct payment to trainees) to other categories of expenses; and transfer of funds between budget categories when the cumulative amount of such transfers exceeds 25% of the total approved budget for the budget period.

Equipment Purchase: Prior approval is required, unless otherwise identified in the budget incorporated as a part of the award, for expenditures for individual items of general-purpose equipment and specific purpose equipment costing $5,000 or more.

Alterations and Renovations: Prior approval is required for all alteration and renovation projects exceeding $300,000.

Extension of Project Period: Prior approval is required for extension of a project period. Requests for extension should be submitted in writing at least 30 days before the project period is scheduled to expire. The request must include the proposed revised ending date and must include adequate justification for the extension.

Foreign Travel: Prior approval is required for foreign travel unless identified in the proposal or incorporated as part of the award.

Preaward Costs: Prior approval is required to incur preaward costs. In the absence of prior approval no work shall be performed. The Grantee may incur preaward costs up to 90 days prior to the start date of the award agreement upon approval of the Grants Officer. Preaward costs as incurred by the Grantee must be necessary for the effective and economical conduct of the project, and the costs must otherwise be allowable in accordance with the appropriate cost principles. Preaward costs are incurred at the Grantee's risk. The incurring of preaward costs by the Grantee does not impose any obligation on the Government in the absence of appropriations, if an award is not subsequently made, or if an award is made for a lesser amount than the Grantee expected.

B. Other Authorizations

Carryover: Except for restricted funds, unobligated funds remaining at the end of a budget period are automatically carried over, not to exceed five years from the award date.

Requests for the above approvals must include adequate justification.

Article 5. Program Income

Any alternative use or disposition of program income other than that specified in the terms and conditions of the award must have prior approval. An SF-269 Financial Status Report will be prepared by the Grantee to report the amount of program income earned and expended, and the Grantee shall submit the SF-269 no later than 90 calendar days after the end of the reporting period for annual reports.

Article 6. Annual Adjustment Amounts on USU Grants and Cooperative Agreements

Annualized costs may be adjusted annually during the term of the agreement provided that any escalation amount is within the **range of 0%–3%** of the initial budget estimate(s) submitted prior to award. Requests for adjustments shall be initiated at the Grantee's option. Failure to request an annual escalation adjustment within 30 days of the first anniversary date may constitute a waiver of any increase. Upon approval, the first allowable increase is to be applied on the first anniversary date of this agreement. All requests for escalation adjustments must be made in accordance with sound cost management principles, USU priorities and the anticipated availability of funds. USU reserves the right to deny any escalation adjustment request.

Article 7. Salary Limitation

None of the funds appropriated shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level I of the Federal Executive Pay Scale.

Article 8. Award Modification

The only method by which this award may be modified is by a formal, written modification signed by the grant agreement signatories (or their successors). No other communications, whether oral or in writing, are valid.

Requests by the Grantee to modify the award must be made in writing to the Grants Officer. Modifications shall not be effective until a written modification is signed by the grant agreement signatories (or their successors).

Article 9. Notices

All notices and prior approvals required hereunder shall be in writing and shall be addressed to the parties identified on the grant agreement cover page and/or to other designated government officials.

Article 10. Waiver of Rights

Any waiver of any requirement contained in the grant agreement, to include these general terms and conditions, shall be by mutual agreement of the parties. Any waiver shall be reduced to writing and a copy of the waiver shall be provided to each party.

Article 11. Government Interaction

A. The active participants in the grant agreement are the Uniformed Services University of the Health Sciences (USU) through its granting activity and the Grantee of this award through its research administrators. The funded research programs will be the focus of this programeffort. Under separate cover (as applicable) is a list of approved Projects, Titles, Principal Investigators, Location Sites and Performance Periods.

B. For cooperative agreements only, USU will share substantial programmatic involvement with the Grantee. Substantial programmatic involvement is defined as a partnership relationship between the Grantee and USU in which both parties are responsive to the aims of the research program. USU's responsibility for cooperative agreements includes administrative management, program direction and scientific focus through its designated representatives.

C. For all grants and cooperative agreements, USU shall maintain the program's focus to support research and ensure that all research projects meet the basic criteria of good science and military relevancy.

Article 12. Statement of Work:

Proposals will include a detailed description of the research work and budget information. Specialized research information will be included in research project files found in the USU Office of Research (REA) project file.

Performance Period: See Award document.
Funding: See Award document.
Additional Requirements: See Award document.

Article 13. Publication

Publication of the research project's results in appropriate professional journals is encouraged as an important method of recording and reporting scientific information. One copy of each paper submitted for publication shall be submitted to the Attn: USU Office of Research simultaneously with its submission. Following publication, one copy of published papers shall be submitted to the Attn: USU Office of Research (REA).

Article 14. Acknowledgment of Sponsorship

Information released outside USU relating to this Agreement shall contain the Award Number (e.g., xxxxxx-xx-x-xxxx) and the following statements:

A. "The Uniformed Services University of the Health Sciences (USU), 4301 Jones Bridge Rd., Bethesda, MD 20814-4799 is the awarding and administering office;"

and:

B. "This project (or research) is (or was) sponsored by the Uniformed Services University of the Health Sciences (USU); however, the information or content and conclusions do not necessarily represent the official position or policy of, nor should any official endorsement be inferred on the part of, USU, the Department of Defense, or the U.S. Government."

The statement at B above is applicable to all information released through any media such as news releases, articles, manuscripts, brochures, advertisements, posters, motion or still photography (including electronic), speeches, trade and professional association proceedings and symposia.

Public release (outside the USU) shall be coordinated with the USU Office of University Affairs. If the public affairs office of another DoD agency or Public Health Service office has reviewed and approved the public release, written approval from this organization must be sent to the USU Office of Research.

When issuing statements describing projects involving U.S. Government funding (whether in whole or in part), the Grantee shall clearly state the percentage and total dollar cost of the project financed by the U.S. Government.

Article 15. Reporting Requirements

All reports and correspondence submitted under the grant agreement shall include the agreement number (e.g., xxxxxx-xx-x-xxxx). A copy of the transmittal shall be provided to the Designated Government Officials.

A. **Progress Reports**
The Grantee will submit the Annual Progress Report (see Form 3210 if no other reporting format exists) to the USU Grants Office and Office of Research as a part of request for extension of the grant.

Important: The Progress Report must be accompanied by a financial status report including cumulative funds spent, funds spent during the budget period covered by the report, and remaining unspent balances by budget category.

B. **Final Progress Reports and Termination/Closeout**
No more than ninety (90) calendar days after the expiration of the grant, the Grantee is required to submit the following:

1) To USU Office of Research (REA) - one copy of a Final Progress Report (USUHS Form 3210 may be used if no other reporting format exists); and
2) To USU Grants Management Office (GRT) - one copy of the Financial Status Report (SF 269); and original of Grantee's Release (Attachment 3) and Grantee's Assignment of Refunds, Credits, and Other Amounts (Attachment 4).

Article 16. Payment

Payment methods shall minimize the time elapsing between the transfer of funds from the United States Treasury and the issuance or redemption of checks, warrants, or payment by other means by the Grantee. Payment methods of State agencies or instrumentalities shall be consistent with Treasury-State CMIA agreements or default procedures codified in 31 CFR Part 205.

Grantees may be paid in advance, provided they demonstrate the willingness to maintain:

1. Written procedures that minimize the time between the transfer of funds and disbursement by the Grantee, and
2. Financial management systems that meet the standards for fund control and accountability as established in 2 CFR §215 - OMB Circular A-110 § 21.

Whenever possible, advances shall be consolidated to cover anticipated funds needs for all awards made by the Federal awarding agency to the Grantee.

1. Advance payment mechanisms include, but are not limited to, Treasury checks and electronic funds transfer.
2. Advance payment mechanisms are subject to 31 CFR part 205.
3. Grantees shall be authorized to submit requests for advances and reimbursements at least monthly when electronic funds transfers are not used.

The Grantee shall register with and enter appropriate information in the DoD Central Contracting Registry (CCR). The most efficient means of registering is the Internet Web site at http://www.acq.osd.mi./ec.

Electronic Funds Transfer (EFT) refers to Attachment Section for EFT description and instructions. The Grantee may enroll for EFT via the Internet at http://www.dfas.mil/systems/ecedi/index.htm. The EFT registration form must be sent to the applicable DFAS Pay Office station specified in the Agreement.

Instructions for the Standard Form 270 (Request for Advance/Reimbursement) are available at web site http://web1.whs.osd.mil/icdhome/SFEFORMS.htm.

A similar version of the SF270 invoice is also available in the USU Grants Management Office. An electronic copy of the [MS Excel] document will be provided upon request.

All payments pertaining to this award shall contain the following information in order to be processed for payment:

(Grantee's) Name and Address.
USU Award No.: (e.g., xxxxxx-xx-x-xxxx)
Invoice No.:
Appropriation/Fund Cite (if applicable):

Invoices/payment requests will be submitted to the paying station address cited in the award document.

Article 17. Site Visits

The Grants Officer, through authorized representatives, has the right at all reasonable times to make site visits to review project accomplishments and to provide such technical assistance as may be required. If any site visit is made by the Government representative on the premises of the Grantee or sub-Grantee, the Grantee shall provide, and shall require its sub-Grantees to provide, all reasonable facilities and assistance for the safety and convenience of the Government representatives in the performance of their duties. All site visits and evaluation shall be performed in such a manner that will not unduly interfere with or delay the work.

Article 18. Property

Title to Property Acquired with Federal Funds Unless otherwise specified in the Award Schedule, title to all items of tangible personal property acquired with Federal funds under this award shall vest in the Grantee upon acquisition without further obligation to the Federal Government.

Real property acquired in whole or in part with Federal funds shall be governed by the DOD Grant and Agreement Regulations (DODGAR) 3210.6-R, Paragraph 32.32.

Federally Owned Property

Title to Federally owned property remains vested in the Federal Government and is subject to the requirements of the DODGAR 3210.6-R, Paragraph 32.33.

Intangible Property (Educational and Non-Profit)

Rights in technical data, patents, inventions, and computer software under this award shall be as specified in the DODGAR 3210.6-R, Paragraph 32.36.

Article 19. Patents and Inventions

Patent rights and inventions as specified in the Clause, "Rights to Inventions Made by Non-profit Organizations and Small Business Firms under Government Grants, Contracts, and Cooperative Agreements" (37 CFR Part 401), are incorporated as part of the agreement by reference.

Invention reports are due annually and at the end of the period of the award. Annual reports are due 30 calendar days after the anniversary date of the award and final reports are due 30 calendar days after the expiration of the award. The award will NOT be closed out until all invention reporting requirements are met.

Article 20. Copyright, Computer Software, and Data Rights

The Grantee has the right to protect by copyright original works developed under the agreement. All copyrights, rights and title to data, and technical data generated under the Agreement shall vest in the Grantee. The Grantee hereby grants to the U.S. Government a royalty-free, nonexclusive, and irrevocable right to obtain, reproduce, publish, or otherwise use for Federal purposes any copyright-protected material, computer software, data, technical data, or other work produced under this award and the right to authorize others to do so.

Article 21. Disputes

Disagreements between the Grantee and the Grants Officer shall, to the maximum extent possible, be resolved by negotiation and mutual agreement at the Grants Officer level. If agreement cannot be reached, then alternative dispute resolution (ADR) may be implemented, provided the parties agree to ADR. If the parties cannot agree on the use of ADR procedures, the Grantee can submit, in writing, a disputed claim or issue to the Grants Officer. The Grants Officer will consider the claim or disputed issue and prepare a written decision within 60 days of receipt. The Grants Officer's decision will be final. The Grantee may appeal the decision within 90 days after receipt of such notification. Appeals will be resolved by the Head of the Contracting Activity. The decision by the Head of the Contracting Activity will be final and not subject to further administrative appeal. The Grantee does not waive any legal remedy, such as formal claims, under Title 28 United State Code 1492, by agreeing to this provision.

Article 22. Suspension and Termination

The Grants Officer may terminate this agreement or suspend it in whole or in part, by written notice to the Grantee upon a finding that the Grantee has failed to comply with material provisions of this agreement, if the Grantee materially changes the objective of the research program, or if appropriated funds are not available to support the program. The Grants Officer may immediately suspend or terminate the award without prior notice when such action is necessary to protect the interests of the Government.

Additionally, this agreement may be terminated by either party upon written notice to the other party, based upon a reasonable determination that the project will not produce beneficial results commensurate with the expenditure of resources. Such written notice shall be preceded by consultation between the parties. In the event of a termination, the Government shall have a paid-up license in any subject invention, copyright work, data or technical data made or developed under this agreement.

No costs incurred during a suspension period or after the effective date of a termination will be allowable, except those costs which, in the opinion of the Grants Officer, the Grantee could not reasonably avoid or eliminate, or which were otherwise authorized by the suspension or termination notice, provided such costs would otherwise be allowable under the terms of the award and the applicable Federal cost principles. In no event will the total of payments under a terminated award exceed the amount obligated in this award.

Article 23. Award Close Out with Advance Payments

USU will close out grants as soon as possible after the expiration of a grant that will not be extended or after termination of a grant as provided in 45 CFR 74.73 or 92.50. Closeout includes timely submission of all required reports and adjustments for amounts due to the Grantee or USU. Following the closeout, the Grantee remains obligated to return funds due as a result of later refunds, corrections, or other transactions, and the Federal Government may recover amounts based on the results of an audit covering any part of the period of grant support.

Article 24. Compliance Requirements for Research

I. Use of Human Subjects in Research

A. Research involving human subjects must be conducted in full compliance with the provisions of all applicable Federal regulations and DoD policies including:

- 45 CFR 46 DHHS Regulations Protection of Human Subjects
- 32 CFR 219 DoD Regulations Policy for Protection of Human Subjects
- 21 CFR 50 FDA Regulations Protection of Human Subjects
- 21 CFR 56 FDA Regulations Institutional Review Boards
- 21 CFR 312 FDA Regulations Investigational New Drug Application
- 21 CFR 812 FDA Regulations Investigational Device Exemptions
- 10 U.S.C. 980 Limitations on use of humans as experimental subjects
- 24 U.S.C. 30 Payments to donors of blood for persons undergoing treatment at Government expense
- DoDD 3216.2 Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research

B. The Grantee and any sub-Grantee(s), shall not conduct ANY research under this award involving humans as research subjects or human anatomical materials until <u>all</u> of the following conditions are met:

1) The research protocol(s) and consent form(s), if any, have been reviewed and approved by a duly constituted cognizant Institutional Review Board (IRB) or other specified committee that has local authority (e.g., a committee with responsibility for human anatomical materials);

2) Copies of the research protocol(s) and consent form(s), if any, the IRB committee approval notification along with the appropriate committee stipulations (if applicable, include the DoD Multiple Project Assurance, and/or DHHS Federal Wide Assurance (FWA)), and certification of human subjects protections training and CVs of research personnel, have been submitted to the USU Office of Research; and

3) The Grantee has received written approval from the USU Office of Research that all assurances, including approval for human subject use, have been accepted.

B. Any anatomical materials (organs, tissues, or tissue fluids) linked by identifiers to a particular person and used for research under this agreement shall be voluntarily donated for the purpose of research or investigation. The donor shall be the person from whom the substance is removed or, in the event of death or legal disability of the person from whom the substance is removed, the next of kin or legal representative of such person. Voluntary donation shall be made by written consent and the donor shall relinquish all ownership and/or rights to the substance. All human anatomical substances used in research under this agreement shall be lawfully acquired. It should be noted that a general autopsy consent form or a consent to perform surgery, in and of itself, is not adequate. If excised or autopsy tissue is to be used, the protocol should include a copy of the consent form used to obtain the tissue.

C. Prohibition of the Use of Human Subjects and Human Anatomical Materials.
In the performance of this agreement, the Grantee agrees not to come into contact with, use or employ, or subcontract for the use or employment of any human subjects and/or human anatomical materials for research, experimentation, tests, or other treatment outside of the scope of work as set out in the agreement without the expressed written approval from the USU Office of Research

II. Animal Welfare

Any Grantee performing research on warm-blooded vertebrate animals shall comply with the Laboratory Animal Welfare Act of 1966, as amended, (7 U.S.C. 2131 et seq.), and the regulations promulgated thereunder by the Secretary of Agriculture (9 CFR, Subchapter A, Parts 1 through 4) pertaining to the care, handling, and treatment of vertebrate animals held or used for research, teaching, or other activities supported by Federal awards. In addition, the Grantee shall comply with the provisions of DoD Directive 3216.1 "The Use of Animals in DoD Programs" (April 17, 1995) as implemented by USUHS Instruction 3203, SECNAVINST 3900.38C, AFMAN 40-401(l), and DARPAINST 18 (December 1, 2003).

The Grantee must ensure that the guidelines described in National Research Council publication "Guide for the Care and Use of Laboratory Animals" (1996) are followed.

III. Live Organisms

By signing this agreement, or accepting funds under this agreement, the Grantee assures that it will comply with applicable provisions of the following national policies concerning live organisms:

A. Rules concerning animal acquisition, transport, care, handling, and use in: (i) 9 CFR, Parts 1-4, Department of Agriculture regulations that implement the Laboratory Animal Welfare Act of 1966, as amended, (7 U.S.C. 2131-2156); and (ii) the "Guide for the Care and Use of Laboratory Animals" (National Research Council publication, 1996); and

B. Regulations of the Departments of the Interior (50 CFR Parts) and Commerce (50 CFR, Parts 217-227) that implement statutes and conventions on the taking, possession, transport, sale, purchase, export, or import of wildlife and plants, including the Endangered Species Act of 1973 (16 U.S.C. 1531-1543); Marine Mammal Protection Act (16 U.S.C. 1361-1384); Lacey Act (18 U.S.C. 42); and Convention on International Trade in Endangered Species of Wild Fauna and Flora.

IV. Research Involving Recombinant DNA Molecules

Any Grantee performing research involving recombinant DNA molecules and/or organisms and viruses containing recombinant DNA molecules agrees to comply with the National Institutes of Health "Guidelines for Research Involving Recombinant DNA Molecules" (49 CFR 46266 or later revision).

V. Environmental Standards

1.) By signing this agreement or accepting funds under this agreement, the Grantee assures that it will:

A. Comply with the Clean Air Act (42 U.S.C.1857), as amended; the Water Pollution Control Act (33 U.S.C. 1251), as amended; Executive Order No. 11738, and the related regulations of the Environmental Protection Agency (40 CFR, Part 15). In accordance with the EPA regulations, the Grantee further assumes that it will:

(1) Not use any facility on the EPA's List of Violating Facilities in performing any award that is not exempt under 40 CFR 15.5 as long as the facility remains on the list; and
(2) Notify the awarding agency if it intends to use a facility in performing this award that the Grantee knows has been recommended for placement on the List of Violating Facilities.

B. Identify to the awarding agency any impact this award may have on:

1) The environment, to include the quality of the human environment, and provide assistance the Granting Agency may need to comply with the National Environmental Policy Act (NEPA, at 42 U.S.C. 4321, et. seq.) and to prepare Environmental Impact Statements or other required environmental documentation. The Grantee agrees, in such cases, to take no action that will have an adverse environmental impact until the USUHS Grants Officer provides written notification of compliance with the environmental impact analysis process.

2) Construction, land acquisition, or development, flood-prone areas, and provide assistance the Granting Agency may need to comply with the National Flood Insurance Act of 1968 and Flood Disaster Protection Act of 1973 (42 U.S.C. 4001, et seq.), which requires flood insurance, when available, for Federally assisted construction or acquisition in flood-prone areas.

3) For any agreement where the Grantee is a state or local government and that may affect the coastal zone, coastal zones, and provide assistance the Granting Agency may need to comply with the Coastal Zone Management Act of 1972 (16 U.S.C. 1451, et seq.), concerning the protection of U.S. coastal resources.

4) Barriers along the Atlantic and Gulf coasts and Great Lakes' shores, coastal barriers, and provide assistance the Granting Agency may need to comply with Coastal Barriers Resource Act (16 U.S.C. 3501, et seq.), concerning the preservation of barrier resources.

5) Existing or proposed elements of the National Wild and Scenic Rivers system or any existing or proposed component of the National Wild and Scenic Rivers system, and provide assistance the Granting Agency may need to comply with the National Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271, et seq.).

6) Construction in any area with aquifer that the EPA finds would create public health hazard, if contaminated underground sources of drinking water in areas that have an aquifer that is the principal drinking water source, and provide assistance the Granting Agency may need to comply with the Safe Drinking Water Act (42 U.S.C. 300h-3).

VI. National Historic Preservation

For any agreement that may impact a historic property, the Grantee agrees to identify to the Granting Agency any property listed or eligible for listing on the National Register of Historic Places affected by this award, and to provide any help the Granting Agency may need with respect to this award to comply with Section 106 of the National Historic Preservation Act of 1966 (16 U.S.C. 470, et seq.) as implemented by the Advisory Council on Historic Preservation regulations at 36 CFR, Part 800 and Executive Order 11593 [3 CFR, 1971-1975 Comp., page 559].

Article 25. U.S. Flag Air Carriers and Cargo Preference

A. U.S. Flag Air Carriers. This clause applies if the agreement is for more than $50,000 and U.S. Government-financed international air transportation of personnel (and their personal effects) or property shall occur in the performance of the agreement. Under the Fly America Act, as codified at 49 U.S.C. 1517, agreement funds may be used by the Grantee for air travel on non-U.S. flag air carriers only as allowed under the following guidelines:

1) Regulations implementing the Fly America Act included in the Federal Travel Regulations, specifically at 41 CFR 301-3.6(b); and

2) Guidelines implementing the Act issued periodically by the Comptroller General of the United States under Decision B-138942, most recently in an unpublished decision of March 31, 1981.

B. Cargo Preference. The Grantee agrees to comply with the Cargo Preference Act of 1954 (46 U.S.C. 1241), as implemented by Department of Transportation regulations at 46 CFR 381.7, which require that at least 50% of equipment, materials, or commodities procured or otherwise obtained under this agreement, and which may be transported by ocean vessel, shall be transported on privately-owned U.S.-flag commercial vessels, if available.

Article 26. Lobbying Restriction

Grantees of Federal grants, cooperative agreements, contracts, and loans are prohibited by 31 U.S.C. 1352, "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using appropriated Federal funds to pay any person for influencing or attempting to influence any officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress with respect to the award, continuation, renewal, amendment, or modification of any of these instruments.

If the total amount of the agreement exceeds $100,000 then the following, based on 45 CFR Part 93, the Grantee must certify that:

- It has not made, and will not make, such a prohibited payment;
- It will be responsible for reporting the use of nonappropriated funds for such purposes; and
- It will include these requirements in consortium agreements and contracts under grants that will exceed $100,000 and obtain necessary certifications from those consortium participants and contractors.

Article 27. Officials Not To Benefit

No member of or delegate to Congress, or resident commissioner, shall be admitted to any share or part of this agreement, or to any benefit arising from it, in accordance with 41 U.S.C. 22.

Article 28. Military Recruiting on Campus

If applicable, the Grantee must be in compliance with the DoD FAR Supplement (DFARS) 252.209-7005, "Military Recruiting on Campus."

Article 29. Activities Abroad

Project activities carried on outside the United States must be coordinated as necessary with appropriate Government authorities and appropriate licenses, permits, or approvals must be obtained prior to undertaking proposed activities. The Granting Agency does not assume responsibility for Grantee compliance with the laws and regulations of the country in which the activities are to be conducted.

Article 30. Classified Information

If this agreement involves classified information, the Grantee agrees:

A. To safeguard and protect classified information in accordance with the National Industrial Security Program Operating Manual (NISPOM), Executive Order 12958, and other applicable DoD regulations.

B. To prevent classified information from being removed from the DoD installation and to ensure that classified information is not stored at the industrial home site location.

C. To not disclose any classified information to a foreign government or institute.

D. To not process classified information on an Automated Information System that is not designated for classified use or given prior approval.

E. To establish procedures to prevent unauthorized disclosures of classified information.

F. To be subject to periodic government reviews and inspections related to classified information.

G. To report all events that impact the status of an employee's personnel clearance or events that compromise proper safeguarding of classified information.

H. To advise all cleared employees of their individual responsibility for safeguarding classified information and to provide appropriate security training to these employees as applicable.

I. To submit reports to the Grantee's Security Officer concerning actual, probable or possible espionage or subversive activities.

Article 31. Publications and Web sites

OMB publications may be obtained from:

OFFICE OF MANAGEMENT AND BUDGET

EOB PUBLICATIONS OFFICE
NEW EXECUTIVE OFFICE BUILDING
725 17TH STREET, NW
WASHINGTON DC 20503 TELEPHONE (202) 395-3993

Office of Management and Budget: OMB Circular Web site:
http://www.whitehouse.gov/omb/circulars.

DoD Grant Agreement Regulations publications: DODGAR Web site:
http://www.whs.osd.mil/corres.htm

Code of Federal Regulation: CFR Website:
http://www.gpoaccess.gov/cfr/index.html

ATTACHMENT 1

ELECTRONIC FUNDS PAYMENT

Payment on this grant will be made by Electronic Funds Transfer (EFT). The Grantee must comply with the following to receive payment by EFT.

NOTE: SUBSTITUTE THE WORD "GRANT" FOR THE WORD "CONTRACT."

52.232-33 PAYMENT BY ELECTRONIC FUNDS TRANSFER—CENTRAL CONTRACTOR REGISTRATION.

As prescribed in 32.1110(a)(1), insert the following clause:

PAYMENT BY ELECTRONIC FUNDS TRANSFER—CENTRAL CONTRACTOR REGISTRATION (OCT 2003)

(a) Method of payment.

(1) All payments by the Government under this contract shall be made by electronic funds transfer (EFT), except as provided in paragraph (a)(2) of this clause. As used in this clause, the term "EFT" refers to the funds transfer and may also include the payment information transfer.

(2) In the event the Government is unable to release one or more payments by EFT, the Contractor agrees to either—

(i) Accept payment by check or some other mutually agreeable method of payment; or

(ii) Request the Government to extend the payment due date until such time as the Government can make payment by EFT (but see paragraph (d) of this clause).

(b) *Contractor's EFT information*. The Government shall make payment to the Contractor using the EFT information contained in the Central Contractor Registration (CCR) database. In the event that the EFT information changes, the Contractor shall be responsible for providing the updated information to the CCR database.

(c) *Mechanisms for EFT payment*. The Government may make payment by EFT through either the Automated Clearing House (ACH) network, subject to the rules of the National Automated Clearing House Association, or the Fedwire Transfer System. The rules governing Federal payments through the ACH are contained in 31 CFR Part 210.

(d) *Suspension of payment*. If the Contractor's EFT information in the CCR database is incorrect, then the Government need not make payment to the Contractor under this contract until correct EFT information is entered into the CCR database; and any invoice or contract financing request shall be deemed not to be a proper invoice for the purpose of prompt payment under this contract. The prompt payment terms of the contract regarding notice of an improper invoice and delays in accrual of interest penalties apply.

(e) Liability for uncompleted or erroneous transfers.

(1) If an uncompleted or erroneous transfer occurs because the Government used the Contractor's EFT information incorrectly, the Government remains responsible for—

(i) Making a correct payment;

(ii) Paying any prompt payment penalty due; and

(iii) Recovering any erroneously directed funds.

(2) If an uncompleted or erroneous transfer occurs because the Contractor's EFT information was incorrect, or was revised within 30 days of Government release of the EFT payment transaction instruction to the Federal Reserve System, and—

(i) If the funds are no longer under the control of the payment office, the Government is deemed to have made payment and the Contractor is responsible for recovery of any erroneously directed funds; or

(ii) If the funds remain under the control of the payment office, the Government shall not make payment, and the provisions of paragraph (d) of this clause shall apply.

(f) *EFT and prompt payment*. A payment shall be deemed to have been made in a timely manner in accordance with the prompt payment terms of this contract if, in the EFT payment transaction instruction released to the Federal Reserve System, the date specified for settlement of the payment is on or before the prompt payment due date, provided the specified payment date is a valid date under the rules of the Federal Reserve System.

(g) *EFT and assignment of claims*. If the Contractor assigns the proceeds of this contract as provided for in the assignment of claims terms of this contract, the Contractor shall require as a condition of any such assignment, that the assignee shall register separately in the CCR database and shall be paid by EFT in accordance with the terms of this clause. Notwithstanding any other requirement of this contract, payment to an ultimate recipient other than the Contractor, or a financial institution properly recognized under an assignment of claims pursuant to Subpart 32.8, is not permitted. In all respects, the requirements of this clause shall apply to the assignee as if it were the Contractor. EFT information that shows the ultimate recipient of the transfer to be other than the Contractor, in the absence of a proper assignment of claims acceptable to the Government, is incorrect EFT information within the meaning of paragraph (d) of this clause.

(h) *Liability for change of EFT information by financial agent*. The Government is not liable for errors resulting from changes to EFT information made by the Contractor's financial agent.

(i) *Payment information*. The payment or disbursing office shall forward to the Contractor available payment information that is suitable for transmission as of the date of release of the EFT instruction to the Federal Reserve System. The Government may request the Contractor to designate a desired format and method(s) for delivery of payment information from a list of formats and methods the payment office is capable of executing. However, the Government does not guarantee that any particular format or method of delivery is available at any particular payment office and retains the latitude to use the format and delivery method most convenient to the Government. If the Government makes payment by check in accordance with paragraph (a) of this clause, the Government shall mail the payment information to the remittance address contained in the CCR database.

ATTACHMENT 2

CENTRAL CONTRACTOR REGISTRY

Effective 1 June 1998 all contractors, vendors and grantees doing business with the Department of Defense (DoD) must be registered in the Central Contractor Registry (CCR) and receive from the DoD a Trading Partner ID Number (TPIN). The CCR is designed to present a single face to industry and be a single point of registration for all DoD contractors, vendors, and grantees. The CCR will consolidate and collect all vital data (DUNS/DUNS+4 number, CAGE Code, Federal Tax ID No., SIC Code, EFT Information, etc.) necessary for DoD to do business with the vendor, contractor, or grantee into as single electronic data base. To register, follow these four steps:

1. Contact Dun and Bradstreet for a DUNS/DUNS+4 number.
2. Contact your financial institution for EFT.
3. Contact the IRS for a TIN.
4. Contact the CCR to register and receive a TPIN.

DUNS/DUNS+4 Number:

DoD uses the vendor/contractor/grantee business name and DUNS/DUNS+4 number as the primary identification code. Your organization must have a DUNS/DUNS+4 number to do business with the DoD. A DUNS/DUNS+4 number can be obtained from the Dun and Bradstreet Customer Service Information Resources Center by calling 1-800-333-0505.

EFT:

See Attachment 1.

Taxpayer ID Number (TIN):

The TIN is the employer ID number issued by the Internal Revenue Service. Check with your human resource or payroll office. If your organization does not have a TIN, contact the IRS at 1-800-829-1040.

Central Contractor Registry (CCR):

DoD Contracting Officers must validate that the potential grantee is registered in the CCR prior to making the award. You may register via the Internet by going to the CCR Web site at http://ccr.edi.disa.mil. For questions and registration assistance, call the DoD Electronic Commerce Information Center at 1-800-334-3414. When your register, you will receive a CAGE Code. Shortly thereafter, you will receive a Trading Partner ID Number from the DoD..

ATTACHMENT 3

GRANTEE'S RELEASE

Pursuant to the terms of Grant/Contract Number HU0001-_____ (USUHS Grant Number _____) and in consideration of the sum of _____ dollars ($_____) which has been or is to be paid under the said grant to

_____

(Grantee's Name & Address)

or to its assignees, if any, the Grantee, upon payment of said sum by the United States of America (hereinafter called the Government), does remise, release, and discharge the Government, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said grant except:

1. Specified claims in stated amounts or in estimated amounts where the amounts are susceptible of exact statement by the Grantee, as follows:

   A. claims, together with reasonable expenses incidental thereto, based upon the liabilities of the Grantee to third parties arising out of the performance of the said grant which are not known to the Grantee on the date of the execution of this release and of which the Grantee gives notice in writing to the Grant Officer within the period specified in the said grant; and

   B. claims for reimbursement of costs (other than expenses of the Grantee by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto, incurred by the Grantee under the provisions of the said grant relating patents.

In connection with patent matters and with claims which are not released as set forth above, the Grantee agrees to comply with all of the provisions of the said grant including, without limitation, those provisions relating to notification to the Grant Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF, this assignment has been executed this ___ day of _____ 20___.
Witness:
_____ *(printed name)*, _____ *(signature)*,
and _____ *(title)*

CERTIFICATE

I, _____, certify that I am the _____ *(official title)* of the corporation/organization named as Grantee in the foregoing release; that _____ *(name)* who signed said release on behalf of the Grantee was then _____ *(official title)* of said corporation/organization; and that said release was duly signed and is within the scope its corporate powers.
(CORPORATE/ORGANIZATION SEAL) _____

ATTACHMENT 4

GRANTEE'S ASSIGNMENT OF REFUNDS, CREDITS, AND OTHER AMOUNTS

Pursuant to the terms of Grant/Contract Number and in consideration of the reimbursement of costs and payment of fee, as provided in the said grant and any assignment thereunder, the

_____

(Grantee's Name & Address)

does hereby:

1. assign, transfer, set over and release to the United States of America (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the said grant, together with all the rights of action accrued or which may hereinafter accrue thereunder.

2. agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits or other amounts (including any interest thereon) due or which may become due and to promptly forward to the Grant officer checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Grant Officer as stated in the said grant and may be applied to reduce any amounts otherwise payable to the Government under the terms thereof.

3. agree to cooperate fully with the Government as to any claim or suit in connection with refund, rebates, credits or other amounts due (including any interest thereon); to executive any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit the Government to represent it at any hearing, trial or other proceeding arising out of such claim or suit.

IN WITNESS WHEREOF, this assignment has been executed this ___ day of _____ 20 ___.
Witness:
_____ *(printed name)*, _____ *(signature)*,
and _____ *(title)*

CERTIFICATE

I, _____, certify that I am the _____ *(official title)* of the corporation/organization named as Grantee in the foregoing release; that _____ *(name)* who signed said release on behalf of the Grantee was then _____ *(official title)* of said corporation/organization; and that said release was duly signed and is within the scope its corporate powers.
(CORPORATE/ORGANIZATION SEAL) _____

APPENDIX K

U.S. DEPARTMENT OF DEFENSE
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

Supplement to Grant Terms and Conditions
(TriService Nursing Research Program)

The following terms and conditions are specific to grant agreements issued to recipients of TriService Nursing Research Program grant awards. These supplemental terms and conditions supersede only the sections specified below:

MODIFY **Article 4 – Prior Approvals and Other Authorizations. Transfer of funds** between budget categories when the cumulative amount of such transfers exceeds 25% of the total approved budget for the budget period.

TO: ***Transfer of funds between budget categories when the cumulative amount of such transfers exceeds 10% of the total approved budget.***

AND: ***Transfers into the equipment and travel categories are <u>not</u> permitted without prior approval.***

DELETE: **Article 4 – Prior Approvals and Other Authorizations. Equipment Purchase.** Prior approval is required, unless otherwise identified in the budget incorporated as part of the award, for the expenditures for individual items of general purpose equipment and specific purpose equipment costing $5,000 or more.

TO: ***<u>All</u> equipment expenditures <u>must</u> have prior approval. There is no threshold amount.***

MODIFY: **Article 13 – Publication.** Publication of the research project's results in appropriate professional journals is encouraged as an important method of recording and reporting scientific information. One copy of each paper submitted for publication shall be submitted to the Attn: USU Office of Research simultaneously with its submission. Following publication, one copy of published papers shall be submitted to the Attn: USU Office of Research (REA).

TO: ***One copy of each paper and presentation must be submitted in advance of publication and presentation to the TSNRP Director.***

AND: ***Following publication, one copy of the published papers shall be submitted to the Attn: USU Office of Research (REA) <u>AND</u> the Director, TSNRP.***

MODIFY **Article 14 – Acknowledgment of Sponsorship** - Information released outside USU relating to this Agreement shall contain the Award Number (e.g., xxxxxx-xx-x-xxxx) and the following statements:

A. "The Uniformed Services University of the Health Sciences (USU), 4301 Jones Bridge Rd., Bethesda, MD 20814-4799 is the awarding and administering office;"

and:

B. "This project (or research) is (or was) sponsored by the Uniformed Services University of the Health Sciences (USU); however, the information or content and conclusions do not necessarily

represent the official position or policy of, nor should any official endorsement be inferred on the part of, USU, the Department of Defense, or the U.S. Government."

The statement at B above is applicable to all information released through any media such as news releases, articles, manuscripts, brochures, advertisements, posters, motion or still photography (including electronic), speeches, trade and professional association proceedings and symposia.

Public release (outside the USU) shall be coordinated with the USU Office of University Affairs. If the public affairs office of another DoD agency or Public Health Service office has reviewed and approved the public release, written approval from this organization must be sent to the USU Office of Research.

When issuing statements describing projects involving U.S. Government funding (whether in whole or in part), the Grantee shall clearly state the percentage and total dollar cost of the project financed by the U.S. Government.

TO: ***Information released outside USU relating to this Agreement shall contain the Award Number (e.g., xxxxxx-xx-x-xxxx) and the following statements:***

A. "The Uniformed Services University of the Health Sciences (USU), 4301 Jones Bridge Rd., Bethesda, MD 20814-4799 is the awarding and administering office;"

and:

B. This project (or research) is (or was) sponsored by the TriService Nursing Research Program, Uniformed Services University of the Health Sciences; however, the information or content and conclusions do not necessarily represent the official position or policy of, nor should any official endorsement be inferred by, the TriService Nursing Research Program, the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.

The statement at B above is applicable to all information released through any media such as news releases, articles, manuscripts, brochures, advertisements, posters, motion or still photography (including electronic), speeches, trade and professional association proceedings and symposia.

Public release (outside the USU) shall be coordinated with the USU Office of University Affairs. If the public affairs office of another DoD agency or Public Health Service office has reviewed and approved the public release, written approval from this organization must be sent to the USU Office of Research VIA THE DIRECTOR TSNRP.

When issuing statements describing projects involving U.S. Government funding (whether in whole or in part), the Grantee shall clearly state the percentage and total dollar cost of the project financed by the U.S. Government

MODIFY: **Article 15. Reporting Requirements.** All reports and correspondence submitted under the grant agreement shall include the agreement number (e.g., xxxxxx-xx-x-xxxx). A copy of the transmittal shall be provided to the Designated Government Officials.

A. **Progress Reports**. The Grantee will submit the Annual Progress Report (see Form 3210 if no other reporting format exists) to the USU Grants Office and Office of Research as a part of request for extension of the grant.

Important: The Progress Report must be accompanied by a financial status report including cumulative funds spent, funds spent during the budget period covered by the report, and remaining unspent balances by budget category.

B. Final Progress Reports and Termination/Closeout
C. No more than ninety (90) calendar days after the expiration of the grant, the Grantee is required to submit the following:

a. To USU Office of Research (REA) - one copy of a Final Progress Report (USUHS Form 3210 may be used if no other reporting format exists); and
b. To USU Grants Management Office (GRT) - one copy of the Financial Status Report (SF 269); and original of Grantee's Release (Attachment 3) and Grantee's Assignment of Refunds, Credits, and Other Amounts (Attachment 4).

MODIFY: ***A. Progress Reports[1]: The Grantee will submit the Annual Progress Report (see Form 3210 if no other reporting format exists) to TSNRP as a part of a written request for extension of the grant.***

1) ***To TSNRP three (3) copies of an Interim Progress Report six months after the project start date (use TSNRP Interim & Annual Report Format[1] if no other reporting format exists to TSNRP at 4301 Jones Bridge Road, Bethesda, MD 20814. Reports are required regardless of desire for extension of the grant.***

2) ***To TSNRP three (3) copies of a Progress Report (use TSNRP Interim & Annual Report Format if no other reporting format exists) to TSNRP at 4301 Jones Bridge Road, Bethesda, MD 20814, no more than ninety (90) calendar days after each anniversary of the start date of the grant. Reports are required regardless of desire for extension of the grant.***

B. Final Progress Reports[1] and Termination/Closeout

1) ***To TSNRP three (3) copies, including one electronic copy, of the Final Progress Report (USUHS Form 3210 may be used if no other reporting format exists);***

And

2) ***To TSNRP original and one (1) copy of the Financial Status Report (SF 269[2]); and original of Grantee's Release[2] (Attachment 3) and Grantee's Assignment of Refunds, Credits and Other Amounts[2] (Attachment 4).***

[1] **TSNRP Interim, Annual, & Final Report Formats are available electronically through the Internet at the TSNRP Web site, http://www.usuhs.mil/tsnrp/forms/.**
[2] **Financial Status Report (FS269), Grantee's Release, and Grantee's Assignment of Refunds, Credits, and Other Amounts are available electronically through the Internet at the TSNRP web site, http://www.usuhs.mil/tsnrp/forms/.**

MODIFY: Article 16 – Invoices/payment requests will be submitted to the paying station address cited in the award document.

TO: Invoices/payment requests must be sent to:
TriService Nursing Research Program
ATTN: Invoice Certification
4301 Jones Bridge Road
Bethesda, MD 20814-4799

The TriService Nursing Research Program will certify all payment requests (invoices) and forward to the appropriate Defense Financial Accounting System (DFAS) Pay Office.